AC. 44946

County Borough of Smethwick.

The

Health of the Borough

in

1937.

HUGH PAUL, M.D., D.P.H.,
Medical Officer of Health.

JOHN H. WRIGHT, M.S.I.A.,
Chief Sanitary Inspector.

INDEX.

Acreage ... 19
Air Raid Precautions ... 9, 15, 67
Ambulance Facilities ... 47
Ante-Natal Clinic ... 14, 48, 57
Anterior Poliomyelitis ... 21, 25
Antitoxin, Diphtheria ... 24
Artificial Light Treatment ... 62, 63
Atmospheric Pollution ... 72

Bacteriological Examinations ... 28
Births and Birth Rates ... 9, 17-19

Cancer ... 10, 17, 20, 27
Causes of Death ... Appendix
Cerebro-Spinal Fever ... 21, 25
Chicken Pox ... 22
Children Act, 1908 (Part 1) ... 61
Clinics and Treatment Centres ... 47-49
Closet Accommodation ... 64, 68
Closing Orders ... 76
Committees, Constitution of ... 4
Complaints of Nuisance ... 70
Consultants ... 7, 8
Cost of Public Health Services ... 16

Dairies, Cowsheds and Milkshops ... 77
Deaths and Death Rates ... 10, 17-21, 23, 24
Demolition Orders ... 76
Diarrhœa and Enteritis ... 17, 18
Diphtheria ... 10, 11, 17, 18, 21-24
Disinfection ... 26, 27
Drainage and Sewerage ... 68
Dysentery ... 21

Encephalitis Lethargica ... 21, 25
Enteric Fever ... 17, 18, 21, 24
Erysipelas ... 18, 21, 22, 24

Factories and Workshops ... 82, 83
Families, Number of separate ... 17
Fertilisers and Feeding Stuffs Act, 1926 ... 82
FOOD, INSPECTION AND SUPERVISION OF ... 77-82
Food and Drugs (Adulteration) Act, 1928 ... 80, 81
Meat Inspection ... 78-80
Milk—Bacterial Count ... 28, 77
Milk (Special Designations Order) 1936 ... 77
Milk—Tubercle Bacilli in ... 28, 77
Preservatives in Food ... 82
Food Poisoning ... 21

Haldon Lodge ... 13
Health Visitors, Work of ... 53, 54
Home Helps ... 57
Hospitals available for the District ... 44, 46-50
Hospital, St. Chad's ... 12, 13, 14, 15, 44, 45, 46, 58
Hospital, Smethwick and Oldbury Joint ... 15, 26
Houses, Number of Inhabited ... 17
Housing ... 9, 65, 66, 67, 75, 76

Illegitimate Births ... 17, 52
Immunization against Diphtheria ... 10, 11, 24
Infant Mortality ... 10, 17, 18, 19, 20, 52
Infectious Diseases, Prevalence of and Control over ... 10, 23-28
Influenza ... 10, 17, 18, 26
Inspections ... 69, 70, 71, 73, 75, 77, 78, 83
Institutions available for the District ... 44, 46-50

Local Acts, Bye-laws, etc. ... 51

MATERNITY AND CHILD WELFARE ... 12, 53-63
Ante-Natal Clinic ... 14, 48, 57
Home Helps ... 57
Infant Mortality ... 10, 17, 18, 19, 20, 52
Infant Welfare Centres ... 47, 48, 49, 54, 55
Maternal Mortality ... 10, 18, 61
Midwives ... 9, 12, 13, 59, 60
Milk, Provision of ... 61
Mothercraft Class ... 55
Neo-Natal Deaths ... 52
Ophthalmia Neonatorum ... 21, 56, 57
Post-Natal Clinic ... 14, 57
Toddlers, Examination of ... 55, 56
Ultra-Violet Radiation ... 62, 63
Voluntary Workers ... 55
Measles ... 10, 17, 18, 22, 26
Meat Inspection ... 78-80
Mental Deficiency ... 42
Midwives ... 9, 12, 13, 59, 60
Midwives' Homes ... 13
Milk (Special Designations) Order, 1936 ... 77
Milk, Tubercle Bacilli in ... 28, 77

Neo-Natal Deaths ... 52
Notices served ... 72
Notifications of Infectious Diseases ... 18, 21
Nurses, work of ... 53, 54
Nursing Homes ... 60

Ophthalmia Neonatorum ... 10, 21, 56, 57
Overcrowding ... 9, 65, 66, 67, 76

Pneumonia ... 18, 21, 22, 25
Population ... 17, 19
Post-Natal Clinic ... 14, 57
Prosecutions under Public Health Acts ... 73, 74
Public Assistance Medical Service ... 14
Public Health (Preservatives in Foods) Regulations ... 82
Pupil Midwives ... 13, 14
Puerperal Pyrexia ... 18, 21, 58
Puerperal Sepsis ... 18

Rateable Value ... 17
Refuse Removal ... 68
Re-housing overcrowded families ... 76
Respiratory Diseases ... 17, 20
Rivers and Streams ... 68

SANITARY ADMINISTRATION ... 64-83
Complaints ... 70
Defects ... 69-71
Factories and Workshops ... 82, 83
Inspections ... 69, 70, 71, 73, 75, 77, 78, 83
Scarlet Fever ... 10, 17, 18, 21-23
Smallpox ... 18, 21, 25
Smoke Abatement ... 72
St. Chad's Hospital ... 12, 13, 14, 15, 44-46, 58
Staff ... 5-8
Stillbirths ... 10, 18, 53
Streptococcal Infection ... 22

"The Hollies" ... 15
Toddlers, Examination of ... 55, 56
TUBERCULOSIS ... 11, 12, 17, 29-41
After-care Work ... 41
Chest Clinic, Work of ... 32, 33
Contacts ... 32
Deaths and Death Rates ... 10, 17, 20, 29-31
Dental Treatment ... 41
Dispensary Register ... 32, 33, 39, 40
Home Visiting ... 41
Notifications ... 29-31
Sanatorium Treatment ... 34-38
Shelters ... 41
Ultra-Violet Light Treatment ... 62, 63
X-Ray Examinations ... 33
Typhoid Fever ... 18, 27

Ultra-Violet Radiation ... 62, 63

Vaccination Returns ... 25
Venereal Diseases ... 43
Vital Statistics ... 9, 10, 17-20
Violence, Deaths from ... 18

Wards, Death Rates in various ... 19
Water Supply ... 68
Whooping Cough ... 17, 18, 22, 26

Zymotic Death Rates ... 20

County Borough of Smethwick.

COMMITTEES—1936-1937.

Health Committee:

Chairman: The Mayor (Councillor T. C. McKenzie, M.B.).

Councillor A. W. M. Boneham. Councillor Mrs. A. F. Butler.
Councillor A. J. Crowder. Councillor Mrs. E. M. Farley.
Alderman C. G. Kempton. Councillor W. H. Perry.
Councillor Miss E. M. Woodcock, J.P.

Mental Deficiency and Maternity and Child Welfare Committee:

The Members of the Health Committee together with the following Co-opted Members:—

Mrs. Aldridge. Mrs. Ludford.
Mrs. Thompson. Mrs. Woodward.

St. Chad's Hospital Sub-Committee:

Chairman: Alderman C. G. Kempton.

Councillor A. W. M. Boneham. The Mayor (Councillor T. C. McKenzie, M.B.)
Councillor Mrs. E. M. Farley. Councillor W. H. Perry.

Smethwick and Oldbury Joint Hospital Committee.

Chairman: Alderman H. H. Robbins.

Smethwick Representatives:

Councillor F. Bodenham. The Mayor (Councillor T. C. McKenzie, M.B.)
Councillor E. Condon, M.B. Councillor J. Perkins, J.P.
Councillor Mrs. E. Lee. Alderman J. Reece.
Councillor Mrs. A. E. Lennard, J.P. Councillor Miss E. M. Woodcock, J.P.

Oldbury Representatives:

Alderman S. T. Melsom. Alderman H. H. Robbins.
The Mayor (Alderman B. T. Robbins, J.P.). Alderman Mrs Smith.

Smethwick Representatives on the South Staffordshire Joint Small Pox Hospital Board.

Councillor Mrs. M. Kimberley. Councillor F. W. Perry.
Councillor Miss E. M. Woodcock, J.P.

HEALTH DEPARTMENT STAFF.

Medical Officer of Health, Tuberculosis Officer, School Medical Officer, and Medical Superintendent of Isolation Hospital:
HUGH PAUL, M.D., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Clinical Tuberculosis Officer:
CHARLES P. HAY, M.D., Ch.B., M.R.C.P., D.P.H. (to 30/9/37).
A. WILSON RUSSELL, M.D., Ch.B., D.P.H. (from 27/9/37).

Senior Assistant Medical Officer of Health:
ROBERT P. BOYD, M.B., Ch.B., F.R.F.P.S., D.P.H. (from 1/11/37).

Assistant Medical Officers:
MARGARET E. MCLAREN, M.B., Ch.B., D.P.H.
CHRISTINE J. MCLEAY, M.B., Ch.B.
WILLIAM K. DUNSCOMBE, M.D., M.R.C.S., D.P.H. (to 14/7/37).

Consulting Radiologist: JAMES F. BRAILSFORD, M.D., Ch.B.

District Medical Officer and Public Vaccinator:
JAMES SHAW, M.B., Ch.B.

Vaccination Officer: F. E. CADBY.

Chief Sanitary Inspector:
†*JOHN H. WRIGHT.

Sanitary Inspectors:
†*WM. E. SHAW. †*F. CADDICK.
†*S. SADLER.

Assistant Sanitary Inspector:
*H. HERBERT.

Chief Clerk: *GEORGE H. ROE.

Senior Clerk: J. P. LITTLE.

Clerks:
H. ELLARBY. EVE MACMILLAN.
FRANCES K. CALLARD. KATHLEEN L. WHISTON.
FLORENCE E. HOWLETT. LILIAN H. HOWL.
EVELYN M. SMITH. V. M. LAWTON.
J. V. PERRINS.

Junior Clerk: G. J. ALLEN.

Nursing Staff:

Superintendent Health Visitor: ‡§MISS CÉCILE BURDEN.

MISS L. E. ROBERTS. ‡§MISS J. E. ACKERS.
*§MISS F. RICHARDS. ‡§MISS A. GARNER.
§MISS F. M. SULLIVAN. ‡§MISS M. P. O'KEEFFE.
§MISS C. M. BULLOCK. ‡§MISS C. R. RYAN (to 13/2/37).
‡§MISS H. OWEN.
§MISS J. P. BATES. ‡§MISS D. A. HIPKISS (to 3/7/37).
§MISS E. COLLINS.
‡§MISS P. D. M. BANNER.

The work of these nurses is divided between the following Committees:—Health, Maternity and Child Welfare, Tuberculosis, Education and Mental Deficiency.

Matron of Isolation Hospital: MISS F. E. WHITEHOUSE.

Public Analyst: JOSEPH LONES, F.I.C., F.C.S.

* Sanitary Inspectors' Certificate of Royal Sanitary Institute.
† Meat and Foods Inspectors' Certificate of Royal Sanitary Institute.
§ Certificate of the Central Midwives Board.
‡ Health Visitors' Certificate of Royal Sanitary Institute.

ST. CHAD'S HOSPITAL STAFF.

Medical Superintendent:

Hugh Paul, M.D., B.Ch., B.A.O., D.P.H.

Deputy Medical Superintendent:

Charles P. Hay, M.D., Ch.B., M.R.C.P., D.P.H. (until 30/9/37).
A. Wilson Russell, M.D., Ch.B., D.P.H. (from 27/9/37).

Resident Obstetrical Officer:

Samuel Davidson, M.B., F.R.C.S. (until 31/3/37).
James A. Chalmers, M.B., Ch.B. (from 1/4/37).

Resident Medical Officers:

R. Neville Jones, M.B., Ch.B. (until 5/4/37).
Cecilia Rath, M.B., Ch.B. (until 26/10/37).
Emmy Hahn, L.R.C.S. & P. (6/4/37 to 5/10/37).
Charles H. Thomson, M.B., Ch.B. (from 6/10/37).
Barbara B. Buckle, M.B., Ch.B. (from 13/10/37).

Matron:

Phyllis M. Lodge, S.R.N., D.N.

Assistant Matron:

Sarah F. McQuillan, S.R.N., S.C.M.

Secretary:

G. H. Roe, C.R.S.I.

Registrar:

W. Cecil Shelton, F.C.I.S.

Clerks:

L. T. Baines.
Lilian Munier (and Radiographer).
Enid L. Plimley (from 5/4/37).

Junior Clerk:

V. Cashmore.

CONSULTANT STAFF, St. CHAD'S HOSPITAL.

	Times of attendance at other Hospitals.
Physicians.	
O. Brenner, M.D.	(Q) Fridays 9 a.m.
E. Bulmer, M.D.	(G) Wednesdays and Fridays 9 a.m.
Prof. P. C. P. Cloake, M.D., F.R.C.P.	(Q) Mondays 9 a.m.
A. V. Neale, M.D.	(C) Mondays & Thursdays 1.30 p.m.
	(G) Thursdays 9 a.m.
	(Q) Wednesdays 9 a.m.
W. Carey Smallwood, M.B., M.R.C.P.	(C) Tuesdays, Wednesdays and Thursdays 1.30 p.m.
	(Q) Thursdays 9 a.m.
	(G) Mondays and Tuesdays 9 a.m.
J. M. Smellie, M.D., F.R.C.P.	(C) Mondays 1.30 p.m.
	(G) Thursdays & Saturdays 9 a.m.
A. Brian Taylor, M.D., M.R.C.P. ...	(G) Tuesdays 9 a.m.
	(Q) Saturdays 9 a.m.
A. P. Thomson, M.D., F.R.C.P.... ...	(G) Mondays & Wednesdays 9 a.m.
Miss Frances Braid, M.D., F.R.C.P....	(C) Tuesdays and Fridays 1.30 p.m.
G. Eden, M.D.	(Q) Tuesdays 9 a.m.
T. L. Hardy, M.D., F.R.C.P.	(G) Mondays 9 a.m.
G. L. J. Mackey, M.D., F.R.C.P. ...	(Q) Fridays 12 (noon).
Prof. L. G. Parsons, M.D., F.R.C.P. ...	(C) Wednesdays 1.30 p.m.
	(G) Thursdays 9 a.m.
Prof. K. D. Wilkinson, O.B.E., M.D., F.R.C.P.	(G) Fridays 9 a.m.
	(C) Fridays 1.30 p.m.
Prof W. H. Wynn, M.D., F.R.C.P. ...	(G) Wednesdays 9 a.m.
Surgeons.	
R. K. Debenham, F.R.C.S.	(C) Mondays and Fridays 1.30 p.m.
	(Q) Saturdays 9 a.m.
T. S. Donovan, F.R.C.S.	(Q) Tuesdays, Wednesdays and Fridays 9 a.m.
Prof. W. Gemmill, F.R.C.S.	(Q) Wednesdays 9 a.m.
J. B. Leather, F.R.C.S.	(G) Thursdays 9 a.m.
R. P. Scott Mason, F.R.C.S.	(G) Tuesdays 9 a.m.
	(C) Wednesdays 1.30 p.m.
C. A. Raison, F.R.C.S.	(G) Mondays 9 a.m. and Wednesdays 10.30 a.m.
	(C) Thursdays 1.30 p.m.
B. T. Rose, M.Ch., F.R.C.S.	(G) Saturdays 9 a.m.
H. H. Sampson, O.B.E., M.C., F.R.C.S.	(G) Fridays 9 a.m.
	(C) Thursdays 1.30 p.m.
J. N. Sankey, F.R.C.S.	(Q) Mondays 9 a.m.
F. A. R. Stammers, F.R.C.S.	(C) Tuesdays 1.30 p.m.
	(G) Thursdays and Fridays 9 a.m.
Prof. Seymour Barling, C.M.G., M.S., F.R.C.S.	(G) Wednesdays 9 a.m.
B. A. Lloyd, F.R.C.S.	(Q) Tuesdays 9 a.m.
	(C) Fridays 1.30 p.m.
G. Percival Mills, F.R.C.S.	(G) Mondays 11 a.m.
	(C) Thursdays 9 a.m.
Bernard Ward, F.R.C.S....	(Q) Thursdays 9 a.m.
Gynæcological Surgeons.	
W. E. Barnie-Adshead, F.R.C.S. ...	(Q) Thursdays 9 a.m.
A. B. Danby, F.R.C.S.	(G) Fridays 9 a.m.
F. Selby Tait, M.B., F.R.C.S.	(Q) Mondays & Wednesdays 9 a.m.
Prof. Sir H. Beckwith Whitehouse, M.S., F.R.C.S.	(G) Wednesdays 9 a.m.

	Times of attendance at other Hospitals.
Ear and Throat Surgeons.	
W. Stirk Adams, F.R.C.S. ...	... (G) Tuesdays 9 a.m. (C) Thursdays 11 a.m.
D. J. Evans, F.R.C.S.	... (Q) Tuesdays 9 a.m.
A. J. Moffett, F.R.C.S.	... (Q) Tuesdays 9 a.m.
E. C. N. Strong, F.R.C.S. ...	... (E) Wednesdays 9.30 a.m.
C. L. Walker, F.R.C.S.	... (E) Tuesdays and Fridays 9.30 a.m.
E. Musgrave Woodman, F.R.C.S.	... (G) Thursdays 9 a.m.
Anæsthetists.	
L. T. Clarke, M.B.	... (Q) May attend at any time.
H. W. Featherstone M.D. ...	... (G) Mondays, Thursdays and Fridays 9 a.m. Attends Children's as requested. Special cases only.
G. W. Hassall, L.M.S.S.A. ...	... (G) Mondays, Wednesdays and Fridays 9 a.m.
B. L. S. Murtagh, M.B.	... (Q) No fixed time for attendance.
Ophthalmic Surgeons.	
E. B. Alabaster, M.R.C.S. ...	... (C) Mondays 1.30 p.m.
R. Beatson Hird, M.D., F.R.C.S.	... (G) Tuesdays and Fridays 9 a.m.
C. Rudd, M.B., Ch.B., F.R.F.P.S.G., D.O.M.S.	... (Q) Tuesdays, Wednesdays and Fridays 9 a.m.
Physicians to the Skin Department.	
E. Baylis Ash, M.B., M.R.C.P....	... (Q) Thursdays 9 a.m.
B. C. Tate, M.D.	... (G) Tuesdays and Fridays 9 a.m. (C) Wednesdays 9.30 a.m.
Dental Surgeons.	
R. H. Astbury, M.B., Ch.B., L.D.S. ...	(G) Saturdays 9 a.m.
Col. R. A. Broderick, M.B., Ch.B., M.D.S.	... (C) Mondays 9 a.m.
E. Davies-Thomas, M.R.C.S., L.R.C.P., L.D.S.	... (C) Fridays 9 a.m.
Harold Round, M.D.S.	... (Q) Wednesdays 9 a.m.

(G)—General. (Q)—Queen's. (C)—Children's. (E)—Ear and Throat.

County Borough of Smethwick.

Public Health Department,
"The Uplands,"
Hales Lane,
Smethwick,
June, 1938.

To the Mayor, Aldermen and Councillors for the County Borough of Smethwick.

Mr. Mayor, Ladies and Gentlemen,

The year under review has been marked by intense activity both in the consolidation of existing work and in the adoption and putting into operation of the new Midwives Act. The subject of air raid precautions in its medical aspects also took up much of the time of your officers.

The vital statistics are fairly satisfactory, improvement being shown in some directions, and the reverse in others. The birth-rate continues to fall, and the total population is showing a steady decrease. Since the census of 1931, the population of the Borough has fallen from 85,390 to 80,380, a decrease of over 5 per cent. The decrease during the past twelve months has been approximately 1,000. This continuing shrinkage is disquieting, for it appears likely to continue, especially as much of our slum clearance and overcrowding work has meant the building of municipal houses outside the Borough. It would appear that the time has now come for a comprehensive scheme of replanning of the whole town, the Health and Housing Committees each working in close co-operation with a definite end in view. The Council might well decide which parts of the Borough should be brought up to date without material structural alterations or demolitions, which parts should be remodelled by part demolition and part rebuilding, and which parts should be dealt with drastically, but not necessarily immediately, by complete demolition, replanning and rebuilding. Discussions along these lines have taken place from time to time among members of the Council and officials. It has been suggested that a definite "life" should be given to such property as comes within the last category, that of demolition. Some few properties would be condemned at once, but many could be given a life of five or ten years. This would put both local authority and property owners in a better position to judge the question of "reasonable expense" when faced with a heavy repair bill. It would also give the Housing Committee ample time to draw up schemes for the replanning of areas which they would know would require replanning five years hence.

The municipal houses which the Council have built in Oldbury have used up most of the available building space in that town, and in future considerable hardship is likely to be caused if persons working in the factory areas of Smethwick are compelled to travel several miles each way to and from their work. While there are very few advantages of flats over houses, other things being equal, workers must be housed relatively near their work, and in densely populated boroughs like Smethwick, the only solution would appear to be the provision of flats in fairly large numbers, built within easy reach of the large works.

The Housing Committee have an extremely difficult problem to tackle, but they will doubtless approach it with vision and energy, building not merely for the present but for generations yet unborn.

VITAL STATISTICS.

The infant mortality rate has declined once more, and was the lowest on record. There were three maternal deaths, the same number as in the previous year, giving a rate of 2.54 per 1,000. The rate for England and Wales was 3.23. Both locally and nationally there has been a substantial improvement in the maternal mortality rate during the past year or two. The death-rate from cancer also declined materially, and there was a considerable reduction in the number of notified cases of ophthalmia (gonorrhœal infection of the eyes of the newly born).

On the other hand, there were increases in the death-rates from measles, influenza and pulmonary tuberculosis, and there were more stillbirths.

It is not surprising to note that Warley and Uplands continue to prove the healthiest wards. It is surprising, however, that Bearwood should for the second time in five years prove to have the highest death-rate.

INFECTIOUS DISEASES.

The wave of incidence of scarlet fever appears to have attained its height in 1935, and we are now getting into the trough. The number of cases of this disease was little more than half the preceding year, and one-third of the 1935 figures. The type continued to be mild, but two deaths occurred. A larger proportion of cases than usual (76%) was treated in hospital; our usual policy is to encourage only the admission of such cases as cannot efficiently be treated at home, either because of the severity of the disease or because of unsatisfactory home conditions, or because of the disease occurring in a house where a member is engaged in the handling of food. Uncomplicated cases of scarlet fever are best treated at home; surprising though it may seem to the layman, complications are more likely to be encountered in a hospital, even when each case is treated in a separate cubicle. Whenever possible therefore, the local practitioner is encouraged to treat his patient at home. Serum in such cases is provided free.

Although we appear to be near the trough in the wave of scarlet fever incidence, the reverse is the case with regard to diphtheria. The crest of the last wave of incidence was in 1930, when there were 281 cases with 21 deaths. This figure fell yearly until the low figure of 70 cases with one death was recorded in 1933. Since then the number has steadily increased and there were about the same number in 1937 as in 1931. The death-rate however last year was much lower than in 1931 (8 deaths as against 16).

It is deplorable that with a preventable disease such as diphtheria we should continue to have almost 1,300 cases with 66 deaths in eight years. In many of the large towns of Canada and U.S.A. this disease has been practically wiped out by universal immunisation of susceptible cases, and it would be perfectly easy to wipe out the disease in this country. Since 1930 we have immunised over 6,000 cases and of these only four have contracted the disease; the remainder of the 1,300 cases and *all the deaths* have been in people who have not been immunised, although the *vast majority of them have been offered and pressed to accept free protection by this department.*

The freedom of the subject has always been the most cherished possession of Englishmen, and recent events on the Continent of Europe

have done nothing to lower the value of this freedom in the eyes of our countrymen. I therefore would not for a moment advocate legal compulsion even to achieve universal protection of the population against a deadly disease, and would admit the legal right of the man in the street to contract diphtheria by neglect and even to die of it. But liberty abused becomes licence, and when a man by apathy or obstruction sacrifices not his own life, but that of his child, he is allowing his legal right to conflict with his moral duty. The tragedy is that when the child contracts the disease and perhaps dies, the lesson is learned too late.

Universal immunisation of young children will not be 100% successful; as I have stated above four children out of 6,000 protected contracted the disease. But such exceptional cases apart, it is true generally to say that diphtheria is preventable, and that every parent can ensure that his child will not contract this terrible disease.

TUBERCULOSIS.

Although the number of new cases of tuberculosis was less in 1937 than in the previous year, the number of deaths increased from 46 to 59, a fairly substantial jump. The increase was in all ages and both sexes, but the greatest percentage increase was in females from 20 to 25 years of age, and in males of 25 to 35. There was also a considerable increase in deaths among women of over 55. The total figures are too small to enable one to draw any conclusions, but they are rather disquieting. The craze for fancy diets and for slimming might account for some increase in the young female age group, but why should there be an increase in males of 25 to 35? It is not a matter of poor industrial conditions, for the year was one of relative prosperity.

It is difficult to visualise the tragedy which tuberculosis causes in a family where the head of the family is the victim, especially when he is a relatively young man. From being the contented head of a well-fed family with regular employment and a more or less settled future, he and all his family from the date of diagnosis of his disease are plunged into the direst poverty, a poverty not merely of money but of everything which makes life worth while. He must perforce spend several months in sanatorium or hospital, and because of this in most cases he loses his job. He has therefore the double worry of trying to get well himself, and of wondering how his family is getting on in straitened circumstances Under the most favourable conditions he may return with his disease arrested in six months, but he must exercise meticulous care for the rest of his life. Usually however his cure takes much longer, and he remains an invalid for years. His wife may obtain some employment, but if there are children her position is not a happy one. It is pleasing to know that such cases receive specially sympathetic consideration from the Public Assistance Committee when they come before it; but the tragedy is more than a financial one.

Conditions may be even worse when the patient comes from the better paid ranks of society, the black-coated worker, where there is no unemployment insurance, no medical benefit, and the father has attempted to provide for the future by say an endowment insurance policy, which he cannot continue to pay when overtaken by illness. Such a patient frequently finds it a hardship to be sent to a municipal

sanatorium, and his wife may be compelled to earn a precarious living by doing menial work of a type to which she has never been accustomed.

Dr. Deamer, an assistant tuberculosis officer of the Worcester County Council, has investigated the rather high incidence of pulmonary tuberculosis during the past few years in Oldbury, and his conclusions are of interest to Smethwick. He shows that a material factor in the increased incidence of this disease, particularly in 1934, 1935 and 1936 has been the transfer of persons from Smethwick in the latter's housing schemes. He shows, for example, that while the death-rate from pulmonary tuberculosis in Oldbury as a whole during these years was 0.71, 0.73, and 0.81 per 1,000, the corresponding death-rate of the transferred Smethwick population (of about 3,000 persons) was 0.90, 0.90 and 1.50 per 1,000. In addition, he shows that the proportion of positive sputum cases in the transferred population was considerably greater than the proportion of such cases in the rest of Oldbury.

ST. CHAD'S HOSPITAL.

Our municipal hospital has continued during the year to be used to capacity, and indeed on one or two occasions to the extent of 103%. Few material alterations have been made to the hospital block or to the living quarters of the staff. Four additional beds however were obtained, as well as other advantages, by converting five single contiguous rooms on "B" floor into one seven-bed ward, and by removing some of the offices from the corridor on "A" floor to one of the flats. An additional obstetrical officer is now resident at St. Chad's, but the major portion of his time is occupied in ante-natal and post-natal clinics in Smethwick.

The piecemeal arrangement of the staff quarters in three houses and two flats as well as in the hospital block proper still remains unsatisfactory, but it will not be possible to remedy this until 1940. The great problem, however, with which the hospital is faced, is that of securing an adequate staff. The shortage of nurses is not confined to Smethwick, and most authorities are finding the same difficulties. It is not that fewer girls are entering the profession, but that the demand for trained nurses is growing rapidly and steadily. The extension of our health visiting services, the new municipal midwifery schemes, the first-aid departments which most progressive industrial works have now set up, the larger chemist shops, and even the great general stores are requiring more and more nurses, and the situation has now arrived when there are not enough nurses to supply the demand. It is hoped that the departmental committee of the Ministry of Health which is now sitting will be able to point the way to a solution of this pressing problem.

The maternity floor at St. Chad's has been more fully used than in previous years. This is not so much because of an increased number of admissions of maternity cases, as because of an increase in the admissions of ante-natal patients. As this work is preventive in character it is to be welcomed. The floor has been and is being used to capacity.

MUNICIPAL MIDWIVES.

The most important innovation or extension of our work during the year was the putting into operation of the provisions of the Midwives Act of 1936. This Act came into operation in July, 1936, and a scheme was presented to the Council in October. The first municipal

midwives were appointed in January, and bookings were accepted from that date. The scheme came into operation on the 1st March, but our full staff of eight midwives was not working until July 1st.

As it is the intention of the Council to train pupil midwives for Period II. of the curriculum, in conjunction with the maternity block a St. Chad's Hospital, a large house, suitable for their reception, was rented. This house, Haldon Lodge, has been taken on a five-year tenancy, and has accommodation for four municipal midwives, two pupils, and the superintendent health visitor, who is in charge of the Council's midwives. The remaining midwives live in houses on the district, one midwife in each house.

The scheme is still in its teething stage, but the infant appears to be lusty and healthy. The standard of clinical work is high, and I am satisfied that the new Act is inaugurating a new era in midwifery practice, and will rapidly and finally do away with all traces of the type of midwife sketched so ably by Dickens, a type which has been unconscionably long in dying! The service is growing slowly, and it will be some time before all the midwifery in Smethwick is done by our midwives. Our chief aim, however, is, and has been all along, to provide an ideal service comparable to the service given in the most up-to-date maternity hospitals.

Application was made to the Central Midwives Board for approval of St. Chad's Hospital as a training school for Period II. of the C.M.B. Course, and the Board have now granted such approval. It is intended to start with three pupils, who will spend three months at St. Chad's Hospital, and then spend a further period of three months on the district. At the end of the first three months an additional three pupils will be accepted, and thenceforward there will be six pupils in training, three at St. Chad's and three on the district.

It will also be necessary, under the new Midwives Act, for the local authority to provide refresher courses for the existing midwives in practice. These should be taken (in the case of Smethwick) at St. Chad's Hospital. The minimum period for such course is one month during every period of not more than seven years, but the ideal period would appear to be two months; it will probably be found desirable to have such courses more often than once in seven years.

The original scheme under the Act submitted to the Ministry of Health provided for eight midwives, one of whom was to be a clinical supervisor. This lady was to work for administrative purposes under the existing Supervisor of Midwives, and was expected to do a certain amount of clinical midwifery. Such an appointment was made, but shortly after the lady took up duty, the Ministry issued regulations as to the qualification which all Supervisors of Midwives appointed in the future would require to possess, and asked local authorities to review their arrangements for supervision of midwives in the light of the new regulations. It was found that neither the Inspector of Midwives nor the Clinical Supervisor possessed the qualifications required in the regulations for new appointments, and when the Clinical Supervisor succeeded in obtaining another post and resigned, the post of Clinical Supervisor was allowed to lapse. None of the three Medical Officers who do maternity and child welfare work for the Council appeared to possess the qualifications required for a Medical Supervisor, as the regulations, designed as they appear to be for the future, require not only extensive clinical experience, but the possession of the D.P.H. As, however, the resident obstetrical officer at St. Chad's was admirably

qualified by his experience for the post of Medical Supervisor, he was appointed to this post, and the Minister was requested to waive the condition requiring the possession of the D.P.H. This was agreed to by the Minister. The existing Inspector of Midwives retains her title, but acts under the direction and instruction of the Medical Supervisor.

The need for close co-operation between the midwives and the health visitors is self-evident, and the organisation of our scheme provides for this co-operation.

It is possible, however, that with the rapid extension of our ante-natal and post-natal work, the development of our municipal midwifery service, and the training of pupil midwives, it may become desirable to have a whole-time nurse, highly trained in practical midwifery, to take administrative control of the municipal midwives, and to assist in the running of the scheme.

ANTE-NATAL AND POST-NATAL WORK.

The coming into operation of the Midwives Act showed up very clearly a serious gap in our maternity service, namely the inadequate provision of facilities for post-natal examinations. For the past 18 months or two years, one weekly post-natal clinic has been held at the Firs Clinic, but the attendances (by invitation) were limited to patients who had been confined in St. Chad's. When the municipal midwives commenced work, however, it was found that there was no organised service for their patients for the treatment of defects which might arise after baby was born. The lack of such services in the past has been responsible for much invalidity and discomfort, and quite frequently, for subsequent sterility, on the part of mothers. The recent valuable report which was issued from the Ministry of Health on maternal mortality drew attention to the need for provision for post-natal work, and the Smethwick Council at the end of the year appointed a second whole-time obstetrical officer, to reside at St. Chad's, to share with the existing obstetrical officer the maternity work there, and the ante-natal and post-natal work in Smethwick.

As the ante-natal attendances had increased in number, and were so overcrowded that it was becoming difficult to do good work, the new appointment provided a good opportunity to increase the scope of the ante-natal work.

There are now each week eight ante-natal sessions, and four post-natal sessions. The ante-natal clinics attract over 90% of the expectant mothers of the Borough, and the post-natal clinics, even at this early stage, deal with about one-third of the mothers There is still considerable scope for development of the post-natal work.

PUBLIC ASSISTANCE MEDICAL SERVICE.

It is rather anomalous that a patient who has run out of benefit through unemployment or prolonged illness, through no fault of his own, should be compelled to give up the medical practitioner who has always treated him in the past. The British Medical Association has often pointed out, and rightly so, the advantage to the patient of continuity of medical care, and as under the National Health Insurance Act, a patient can choose any doctor he wishes, one may assume that the patient who falls on hard times would prefer to remain with his own doctor rather than go to a stranger, however efficient the latter may be.

Fortunately in Smethwick, there has been no criticism of the system come to my ears from any patient; but this has been due to the sympathetic manner in which a kindly and very efficient Public Assistance Medical Officer carries out his difficult duties.

AIR-RAID PRECAUTIONS.

The organisation of an efficient and workable scheme to deal with casualties from air raids in a future war is a huge as well as a difficult task, and has taken up an inordinate proportion of the time of your officers, especially Mr. Wright, Mr. Roe and Mr. Little. Provisional arrangements have been made for twelve first-aid parties with reliefs, and three medium first-aid posts, at Oldbury Road Schools, at Rolfe Street Baths, and at the Smethwick Baths. A considerable proportion of the personnel has been enrolled, mainly through the good offices of the St. John Ambulance Association and the Red Cross. Training is proceeding as rapidly as possible, both in first-aid and in gas warfare. There are still a large number of vacancies for female ambulance drivers. St. Chad's Hospital and the Smethwick and Oldbury Joint Hospital are allocated as Casualty Clearing Hospitals. "The Hollies," the new home for children, has not yet been allocated, but it would be emptied of its present patients in war-time, and might possibly by taking in cases of infectious disease free the Fever Hospital entirely for general cases.

"THE HOLLIES."

Although "The Hollies" was not actually opened until April of this year, it would not be out of place to record its completion. It has been built primarily to prevent heart disease in children who have suffered from acute rheumatism, and to cure children who suffer from malnutrition. There is such an acute demand for hospital accommodation that it is usually impossible to retain for an adequate period in any general hospital a child who has been admitted with chorea (St. Vitus's Dance) or acute rheumatism, especially as a complete cure may require rest in bed for a period as long as 18 months or two years. Many of these children, therefore, have been discharged when the acute symptoms have subsided, but before the heart has settled down, and the result has been organic and incurable disease of the heart with chronic invalidity and eventual death before middle life.

I cannot conclude without once again expressing my sincere thanks to a generous, sympathetic and progressive Committee and Council, and especially to my two chairmen, Dr. McKenzie and Alderman Kempton, both of whom have done more for public health in Smethwick than the public will ever know.

I would also like to express my appreciation of the generous help and backing I have received from my own professional brethren in the town; they have always been willing and anxious to co-operate with the Health Department, and the relations between them and us are extremely cordial.

I have received valuable help from my fellow chief officers and their staffs, and last but not least, I would like to acknowledge my deep indebtedness to the members of my own staff, who have done everything in their power to make the work run smoothly. It may be invidious to single out any individual, but my especial thanks are due to the matrons of the two hospitals, Miss Lodge and Miss Whitehouse, and to Mr. Wright, Mr. Roe and Mr. Little, all of whom have given generously of their best.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient servant.

HUGH PAUL, M.D., D.P.H.,
Medical Officer of Health.

ESTIMATED NET EXPENDITURE ON PUBLIC HEALTH SERVICES FOR THE YEAR ENDED 31st MARCH, 1938.

	Amount.	Rate in the £
Prevention of Infectious Diseases	525	.34
Notification of Infectious Diseases	80	.05
Smethwick and Oldbury Joint Hospital ...	5,553	3.56
South Staffs. Joint Smallpox Hospital ...	122	.08
St. Chad's Hospital	11.275	7.23
Hospital Provision	600	.38
Convalescent Treatment	180	.12
Vaccination	236	.15
Tuberculosis	7,046	4.52
Venereal Diseases	519	.33
Food and Drugs (Adulteration) Act, 1928 ...	238	.15
Milk and Dairies (Consolidation) Act, 1915	200	13
Milk Order, 1923	8	01
Blind Persons Act, 1920	2,269	1.45
Conversion of Waste Water Closets	333	.21
Smoke Abatement	2	.00
Fertilisers and Feeding Stuffs Act, 1926 ...	8	.01
Salaries	3,685	2.36
National Health Insurance Contributions ...	50	.03
Superannuation Contributions	219	.14
Proportion of Council House Expenses ...	67	.04
"The Uplands" Maintenance	673	.43
Establishment	425	.27
Maternity and Child Welfare	6,810	4.37
Mental Deficiency	5,972	3.83
Lunatics and Lunatic Asylums	3,045	1.95
Maintenance of Epileptics	70	.04
Midwives Acts, 1902—1936	805	.52
Medical Inspection of School Children ...	3,197	2.05
Public Assistance:—		
Hospitals	10,583	6.79
Lordswood Nursery	100	.06
Convalescent Homes	44	.03
Maintenance of Mental Cases in Asylums ...	13,586	8.71
	£78,525	4-2.34

Annual Report, 1937.

GENERAL STATISTICS.

AREA: 2,500 acres.
POPULATION: Census, 1931—84,406.
Estimate Mid-Year, 1937—80,380.

NUMBER OF INHABITED HOUSES: 1931—20,180.
1937—21,965.

NUMBER OF FAMILIES OR SEPARATE OCCUPIERS: 1931—21,446.

RATEABLE VALUABLE (October, 1937): £400,981.

ESTIMATED PRODUCE OF A PENNY RATE: £1,560.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1937.

		Totals.	Males.	Females.
BIRTHS:	Legitimate	1,143	594	549
	Illegitimate	38	19	19
		1,181	613	568

BIRTH RATE: 14.6 per 1,000 of the population.

DEATHS: 931. Males, 490; Females, 441.

DEATH RATE: 11.5 per 1,000 of the population.

DEATHS OF INFANTS under one year of age: Total, 62. Males, 34; Females, 28.

INFANT MORTALITY RATE per 1,000 births: Total, 52.5. Legitimate, 51.6; Illegitimate, 78.9.

DEATHS FROM:—

	Number	Rate per 1,000 of Population
Enteric Fever	—	—
Measles	5	0.06
Whooping Cough	4	0.05
Diarrhœa and Enteritis (under 2 years)	3	0.03
Diphtheria	8	0.09
Scarlet Fever	2	0.02
Influenza	38	0.47
Cancer	109	1.35
Respiratory Diseases	132	1.64
Pulmonary Tuberculosis	57	0.70
Other Forms of Tuberculosis	2	0.02

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL DEATH-RATES, AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1937.

	Smethwick.	England and Wales.	125 County Boro's and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County.
	Rates per 1,000 Population.				
BIRTHS:—					
Live	14.69	14.9	14.9	15.3	13.3
Still	0.73	0.60	0.67	0.64	0.54
DEATHS:—					
All Causes	11.5	12.4	12.5	11.9	12.3
Typhoid and Paratyphoid fevers	—	0.00	0.01	0.00	0.00
Smallpox	—	—	—	—	—
Measles	0.06	0.02	0.03	0.02	0.01
Scarlet fever	0.02	0.01	0.01	0.01	0.01
Whooping Cough ...	0.05	0.04	0.04	0.03	0.06
Diphtheria	0.09	0.07	0.08	0.05	0.05
Influenza	0.47	0.45	0.39	0.42	0.38
Violence	0.47	0.54	0.45	0.42	0.51
NOTIFICATIONS:—					
Smallpox	—	0.00	—	0.00	—
Scarlet fever	1.45	2.33	2.56	2.42	2.09
Diphtheria	2.51	1.49	1.81	1.38	1.93
Enteric fever	0.02	0.05	0.06	0.04	0.05
Erysipelas	0.34	0.37	0.43	0.34	0.44
Pneumonia	1.76	1.36	1.58	1.20	1.18
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	52	58	62	55	60
Deaths from Diarrhoea and Enteritis under 2 years of age	2.54	5.8	7.9	3.2	12.0
MATERNAL MORTALITY:—					
Puerperal Sepsis ...	—	0.97	Not available		
Others	2.54	2.26			
Total	2.54	3.23			
	Rates per 1,000 Total Births (i.e. Live and Still).				
MATERNAL MORTALITY:—					
Puerperal Sepsis ...	—	0.94	Not available		
Others	2.42	2.17			
Total	2.42	3.11			
NOTIFICATIONS:—					
Puerperal fever ...	—	—	—	—	4.15
Puerperal pyrexia ...	3.22	13.93	17.59	11.52	14.34

The total deaths registered in Smethwick numbered 553; of these 20 were non-residents and were transferred to other districts, while 398 Smethwick residents died in other areas, and have been added to the number registered in the Borough. The net deaths thus number 931 giving a rate of 11.58 per 1,000 of the population, as against 10.57 per 1,000 in the previous year.

Analysis of the age-groups shows a very satisfactory decrease in the percentage of deaths of children under five years of age within the past five years, the figures being 9.1, 13.4, 11.1, 11.7 and 10.4 respectively.

At the other end of the scale, the percentage of deaths of persons over 65 years of age was 45.1, as compared with 45.8, 41.5, 44.7, 42.7 and 39.8 in the five preceding years.

The following table shows the death-rates for various towns in the Midlands corrected for differences in age and sex distribution:—

	Crude Death-rate.	Registrar-General's Comparability Factor.	Standardised Death-rate.
Northampton ...	12.63 ...	0.96 ...	12.12
Gloucester	13.4 ...	0.92 ...	12.3
Burton-upon-Trent ...	12.7 ...	0.98 ...	12.4
Worcester	14.08 ...	0.89 ...	12.53
Coventry	10.44 ...	1.21 ...	12.63
Leicester	12.46 ...	1.02 ...	12.71
Wolverhampton ...	11.9 ...	1.08 ...	12.8
Birmingham	11.7 ...	1.10 ...	12.9
Smethwick	11.58 ...	1.14 ...	13.20
Derby	12.9 ...	1.04 ...	13.4
Walsall	12.01 ...	1.12 ...	13.45
Nottingham	13.44 ...	1.03 ...	13.84
West Bromwich ...	12.34 ...	1.14 ...	14.06
Dudley	12.2 ...	1.16 ...	14.15
Stoke-on-Trent ...	13.1 ...	1.22 ...	16.0

COMPARISON OF VITAL STATISTICS IN THE VARIOUS WARDS.

Ward	Estimated Population	Total Acreage	Density	Birth-rate	Infant Mortality rate	General Death-rate
Spon Lane ...	12,800	515	24.8	13.9	39.3	12.6
Sandwell	9,095	411	22.1	17.5	81.2	12.2
Uplands	11,740	255	46.0	11.9	71.4	9.2
Bearwood	7,141	190	37.5	11.0	37.9	14.8
Cape	8,647	158	54.7	14.8	39.0	12.2
Victoria	8,006	176	45.4	18.3	20.4	13.9
Soho	7,676	224	34.2	15.3	93.2	16.1
Warley	15,275	571	26.7	15.1	43.2	6.6
Totals ...	80,380	2,500	32.1	14.6	52.5	11.5

REVIEW OF VITAL STATISTICS IN SMETHWICK DURING THE PAST 25 YEARS.

Year	Estimated population	Birth rate per 1,000	Death rate per 1,000	Infant mortality rate per 1,000 births	Zymotic death rate per 1,000	Death rates per 1,000: Respiratory diseases	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Cancer
1913 ...	72,936	28.1	14.98	127	2.1	3.1	0.8	0.10	0.76
1914 ...	72,975	27.5	14.13	106	1.67	3.4	1.26	0.19	0.89
1915 ...	72,439	25.88	13.8	109.3	2.13	3.02	1.10	0.21	0.98
1916 ...	78,335	22.04	11.08	93.8	0.77	3.33	1.20	0.15	0.84
1917 ...	78,335	20.32	11.5	99.8	0.71	3.9	1.30	0.05	0.86
1918 ...	76,056	20.28	15.63	102.4	0.6	3.56	1.43	0.16	0.9
1919 ...	73,000	22.19	13.00	84.6	0.45	3.2	1.19	0.12	1.03
1920 ...	75,027	27.08	11.16	82.18	0.64	2.4	0.81	0.31	0.92
1921 ...	77,400	25.46	11.11	88.28	0.69	2.27	0.68	0.22	0.85
1922 ...	78,140	21.39	11.22	86.12	0.67	2.31	0.78	0.32	1.13
1923 ...	78,450	20.24	10.82	65.49	0.79	1.82	0.93	0.17	1.04
1924 ...	78,790	20.19	10.12	74.79	0.41	1.87	0.67	0.17	1.20
1925 ...	78,840	18.36	10.36	80.11	0.52	1.91	0.77	0.24	1.10
1926 ...	76,940	18.35	10.39	65.86	0.37	1.88	0.79	0.10	1.26
1927 ...	76,870	17.0	11.9	78.6	0.61	2.26	0.84	0.05	1.19
1928 ...	86,870	17.1	10.0	63	0.28	1.52	0.69	0.10	1.11
1929 ...	85,120	17.8	13.4	79.8	0.70	2.58	0.95	0.12	1.23
1930 ...	85,120	18.0	10.4	66.4	0.41	1.17	0.67	0.11	1.28
1931 ...	85,390	18.0	11.2	69.6	0.57	1.63	0.62	0.10	1.24
1932 ...	84,740	15.2	10.5	78.4	0.23	1.36	0.52	0.09	1.53
1933 ...	84,670	14.4	10.8	62.0	0.16	1.60	0.62	0.05	1.44
1934 ...	83,600	15.7	10.6	56.9	0.22	1.60	0.57	0.14	1.20
1935 ...	82,600	14.7	11.1	60.9	0.31	1.10	0.59	0.06	1.56
1936 ...	81,300	15.5	10.5	59.9	0.18	1.60	0.54	0.02	1.47
1937 ...	80,380	14.6	11.5	52.5	0.27	1.64	0.70	0.02	1.35

The above figures show a still further reduction in the birth-rate and a moderate increase in the death-rate. The infant mortality rate is the lowest on record but the rate for pulmonary tuberculosis has increased. The rise in the death-rate from cancer shows a substantial check.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1937

DISEASE.	TOTAL CASES NOTIFIED.													Cases removed to Hospital.	TOTAL DEATHS.												
		AGE GROUPS.														AGE GROUPS.											
	All ages	0—1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 and upwards		All ages	0—1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 and upwards
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	2	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	117	...	2	11	6	6	40	29	7	10	6	...	...	68	2	...	...	...	1	...	1	...	...	...	...	...	...
Diphtheria	210	2	8	15	15	20	84	36	14	12	3	1	...	160	8	...	...	...	1	2	3	1	1	..	...	...	...
Erysipelas	28	...	...	...	...	...	...	1	2	6	3	10	6	9	3	1	...	...	...	...	...	...	...	1	...	..	1
Puerperal Pyrexia	4	...	...	...	...	...	..	...	...	4	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	9	9	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	..	...	...	...	...	...	...	...	...	...
Cerebro-spinal Fever	1	...	...	...	...	...	...	...	...	..	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Anterior Poliomyelitis... ...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ... — ...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Primary Pneumonia	103	9	8	6	...	1	11	6	7	11	13	25	6	9	38	4	...	1	...	...	1	...	...	4	10	14	4
Influenzal Pneumonia ...	39	...	..	1	...	1	3	1	4	12	2	8	7	4	18	...	...	...	...	...	3	...	1	...	1	9	4
Food Poisoning	3	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	516	20	18	33	21	28	138	74	35	56	27	46	20	259	71	5	...	1	2	2	8	1	2	5	11	24	9

SMETHWICK & OLDBURY JOINT ISOLATION HOSPITAL.

Statement of Cases Admitted and Discharged During the Year 1937.

	Number of Cases in Hospital on December 31st, 1936.				Number of Cases Admitted during 1937.				Cases Discharged, Died, or Transferred to other Institutions during 1937.				Number of Cases in Hospital on December 31st, 1937.			
	Males.	Females.	Children under 16	Total.	Males.	Females	Children under 16	Total.	Males.	Females.	Children under 16	Total.	Males.	Females	Children under 16	Total.
SMETHWICK :																
Diphtheria	...	...	20	20	7	13	140	160	7	12	142	161	...	1	18	19
Scarlet Fever	...	...	8	8	4	5	59	68	2	5	65	72	2	...	2	4
Measles	...	...	6	6	...	...	6	6	...	...	12	12	...	...	...	...
Whooping Cough	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
Erysipelas	...	...	...	...	6	...	1	7	5	...	1	6	1	...	...	1
Pneumonia	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
Chicken Pox	...	...	...	...	...	...	3	3	...	...	3	3	...	...	...	...
OLDBURY :																
Diphtheria	...	...	5	5	1	6	55	62	1	5	45	51	...	1	15	16
Scarlet Fever	...	...	3	3	...	3	21	24	...	2	22	24	...	1	2	3
Measles	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
Erysipelas	...	...	...	...	2	2	...	4	2	...	...	2	...	2	...	2
Pneumonia	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...
Streptococcal Infection ...	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
ROWLEY REGIS :																
Scarlet Fever	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...
Totals	...	...	42	42	20	29	295	344	17	24	300	341	3	5	37	45

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

SCARLET FEVER.

The number of cases further decreased from 220 to 117, the incidence being the lowest for six years. There were few severe cases but two deaths occurred. Among children of school age there were 66 cases compared with 139 in the previous year. The incidence was not marked in any particular school.

Sixty-eight patients or 58.1% of the notified cases were treated in hospital. The age incidence of the persons attacked will be found on page 21.

The incidence of, and mortality from Scarlet Fever during the past ten years is as follows:—

Year		Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1928	.....	87	1.0	—	—
1929	.....	162	1.9	—	—
1930	.....	259	3.0	2	0.8
1931	.....	140	1.6	—	—
1932	.....	101	1.1	—	—
1933	.....	180	2.1	—	—
1934	.....	206	2.4	1	0.4
1935	.....	341	4.1	3	0.88
1936	.....	220	2.7	2	0.9
1937	.....	117	1.4	2	1.7

DIPHTHERIA.

The number of cases notified rose to 210, the attack-rate reaching the level of the epidemic period in 1930-31, but the incidence was not confined, as then, to one particular part of the town. As I pointed out in my last report we have passed the trough of the epidemic curve and as more and more susceptible and unprotected children have reached

SMETHWICK & OLDBURY JOINT ISOLATION HOSPITAL.

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Measles	...	...	6	6	...	...	6	6	...	...	12	12	...	...	...	...
Whooping Cough	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
Erysipelas	...	...	...	...	6	...	1	7	5	...	1	6	1	...	...	1
Pneumonia	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
Chicken Pox	...	...	...	...	...	...	3	3	...	...	3	3	...	...	...	...
OLDBURY :																
Diphtheria	...	...	5	5	1	6	55	62	1	5	45	51	...	1	15	16
Scarlet Fever	...	...	3	3	...	3	21	24	...	2	22	24	...	1	2	3
Measles	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
Erysipelas	...	...	...	...	2	2	...	4	2	...	...	2	...	2	...	2
Pneumonia	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...
Streptococcal Infection ...	...	...	...	...	...	...	2	2	...	...	2	2	...	...	...	...
ROWLEY REGIS :																
Scarlet Fever	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...
Totals	...	...	42	42	20	29	295	344	17	24	300	341	3	5	37	45

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1932	.....	101	1.1	—	—
1933	.....	180	2.1	—	—
1934	.....	206	2.4	1	0.4
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the danger years the increase of the incidence of the disease was not unexpected. The danger to life and permanent damage to health is not sufficiently realised by parents, too many of whom still fail to recognise the need for protecting the young child, or to appreciate how simple and how safe is the method of immunisation against diphtheria. Our efforts to protect the population at risk continued during the year and the response was definitely more encouraging than in 1936. During the year we inoculated 230 children in the Infant Welfare Centres, and 793 children in the Infant and Junior Schools

As in previous years, the parents of every child born in the Borough and also of every Smethwick child born outside the Borough are written to on the first anniversary of its birth, and offered a definite time and place for free immunisation. An individual personal letter is sent in each case, and no child has to be brought farther than about a mile to an immunisation clinic. Over 6,000 children have been immunised during the past eight years.

During the past year the type of disease was more virulent; a number of very severe cases occurred and there were eight deaths. There were 120 cases in children of school age. The number of cases treated in hospital was 160 or 76.2% of the cases notified. The age incidence of the person attacked may be found in the table on page 21.

The incidence of, and mortality from Diphtheria during the past ten years is as follows:—

Year		Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1928	.....	119	1.4	2	1.7
1929	.....	143	1.6	2	1.7
1930	.....	281	3.3	21	7.5
1931	.....	211	2.4	16	7.6
1932	.....	77	0.9	6	7.7
1933	.....	70	0.8	1	1.4
1934	.....	108	1.29	4	3.7
1935	.....	130	1.57	7	5.3
1936	.....	142	1.74	3	2.1
1937	.....	210	2.61	8	3.8

Antitoxin is supplied free to medical practitioners in the Borough, 190 phials of 8,000 units being issued during the year, compared with 140 last year, and 154 in 1935.

OTHER NOTIFIABLE DISEASES.

There were 28 cases of Erysipelas during the year compared with 43 of the previous year. Two cases of Enteric Fever and one case of

Cerebro-spinal Fever were notified. No notifications of Smallpox, Encephalitis Lethargica, Anterior Poliomyelitis or Polioencephalitis were received.

As regards Smallpox the Vaccination Officer's return for the 12 months ending 30th June, 1937, and for previous years, is given below. It will be noted that less and less use is being made of the obsolete Vaccination Acts, and only 369 children were successfully vaccinated.

VACCINATION RETURNS FOR THE PAST TEN YEARS.

Year ending 30th June	Births.	Successful Vaccinations.	Insusceptible	Conscientious objectors.	Died unvaccinated.	Postponed by medical certificate.	Gone to other districts.	Gone—no trace.	Outstanding.	Percentage of conscientious objectors.*
1928	1,094	577	4	**376**	36	10	5	14	72	**35.5**
1929	996	471	3	**364**	60	14	6	31	47	**38.9**
1930	950	416	4	**377**	53	28	3	26	43	**42.0**
1931	1,256	512	2	**523**	62	66	5	34	52	**48.8**
1932	1,071	454	2	**460**	62	26	7	29	31	**45.6**
1933	915	356	2	**434**	35	25	7	27	29	**49.3**
1934	860	352	3	**429**	35	8	9	13	11	**52.0**
1935	988	369	5	**521**	50	8	4	16	15	**55.5**
1936	953	370	2	**518**	36	9	10	6	2	**56.5**
1937	969	369	2	**528**	42	3	4	9	12	**56.9**

* In calculating these percentages, the number dying unvaccinated has been deducted from the total number of births.

PNEUMONIA.

The notifications and deaths from pneumonia during the last ten years are as follows:—

	Primary Pneumonia		Influenzal Pneumonia	
Year	Notifications.	Deaths.	Notifications.	Deaths.
1928	105	35	32	8
1929	278	71	95	51
1930	141	29	15	4
1931	139	33	34	15
1932	102	21	43	13
1933	149	24	36	18
1934	221	44	24	14
1935	150	39	24	13
1936	129	35	40	4
1937	103	38	39	18

The incidence of the non-notifiable diseases as shown from the weekly reports made by the head-teachers shows a marked falling off, and none of these diseases assumed epidemic proportions at any time during the year. There were five deaths from measles, and four from whooping cough during the year.

Influenza, however, was very prevalent and the number of deaths rose to 38 as compared with only 8 last year, and 20, 17, 33, 17 and 24 in the five preceding years.

SMETHWICK AND OLDBURY ISOLATION HOSPITAL.

In September, 1937, the hospital extensions were completed and two new ward blocks became available for use. These consist of one small cubicle block of ten beds and one large block of 21 beds made up of two six-bed words, 9 single cubicles and a small operating room. It was therefore possible to institute more satisfactory isolation than had been possible in the past. Both of the new ward blocks were fairly fully occupied with various types of infection and in addition " B " block was used for cases of diphtheria.

The provision of a number of cubicle wards enabled us to take in a wider variety of infectious diseases. In the past the use of the hospital has been confined almost entirely to diphtheria, scarlet fever and tuberculosis, but during the past winter it has been possible to admit in addition measles, whooping cough, erysipelas, chickenpox, certain types of pneumonia and infective streptococcal diseases.

Although the number of beds in the hospital now appears to be adequate for the needs of the two Authorities the full use of these beds is unfortunately not practicable owing to the impossibility of obtaining sufficient nursing staff.

INFECTIOUS DISEASES AND DISINFECTION.

The policy pursued by the department is the same as for the past two years. Immediately on receipt of a notification of infectious disease, the premises are visited by a sanitary inspector. He makes arrangements for the efficient isolation of the patient, or alternately for removal of the patient to the hospital. In many cases, however, this has been done by the practitioner in charge before the arrival of the inspector. The latter notes the circumstances in connection with the case, such as occupation of patient and family, sources of milk supply, etc., probable

source of infection, etc. Any insanitary conditions noted are dealt with at once. Leaflets of instruction as to the prevention of spread of infection are left with the householder, and the Education Committee notified of all children of school age in infected houses.

On the termination of the illness, the householder is recommended to disinfect the premises by thorough cleaning, using only soap and water. In the case of the commoner infectious diseases, chemical disinfection is neither carried out nor recommended. Exceptions are such diseases as pulmonary tuberculosis, and typhoid fever, where thorough chemical disinfection is carried out.

It is felt that the use of disinfectants gives a false sense of security, and does nothing to check the spread of infectious disease; it tends to lead householders in some cases to neglect the more important matters of thorough washing with soap and water. We are satisfied that the best disinfectants are sunlight, fresh air, soap and water and advise the householder to place reliance on these agencies, and not on chemical disinfection.

The number of lots of bedding, etc., removed for disinfection during the past year was 146, comprising 859 articles. The following table gives a classified list of the reasons for disinfection of premises during the past five years.

	1933	1934	1935	1936	1937
Scarlet Fever	1	6	3	3	—
Diphtheria	—	1	1	—	3
Tuberculosis	151	112	126	118	121
Enteric Fever ...	—	1	—	1	—
Puerperal Fever ...	3	—	—	1	—
Cancer	22	17	15	13	13
Schools	—	—	—	—	—
Scabies and verminous conditions	16	64	64	26	40
Other causes	101*	93*	65	42	11
	294	294	274	204	188

* Unemployed Clubs, etc.

BACTERIOLOGICAL EXAMINATIONS.

Arrangements are made for the necessary routine bacteriological examinations to be carried out by the Public Health Laboratory of the University of Birmingham. The number of specimens examined during the year, and the results, are set out below:—

Nature of Specimen	Number	Positive	Negative
Throat Swabs for Diphtheria Bacilli—			
Suspects	635	138	497
Contacts	59	12	47
Nasal Swabs for Diphtheria Bacilli—			
Suspects	11	1	10
Contacts	1	1	—
Blood for B. Typhosus	7	—	7
Blood for B. Para-Typhosus ...	7	—	7
Urine for Zondek Ascheim Test ...	1	—	1
Films for detection of Gonococci ...	1	1	—
Sputum for Tubercle Bacilli ...	382	57	325
Milk for Bacterial Count	70	—	—
Milk for Tubercle Bacilli	123	7	116
	1,297	217	1,010

In addition to the above, 58 examinations of sputum were made during the year, in connection with the patients in the Tuberculosis Pavilion at Holly Lane Hospital, 28 giving positive and 30 negative results.

ANNUAL REPORT OF THE TUBERCULOSIS OFFICER FOR THE YEAR 1937.

NOTIFICATIONS.

Eighty-one primary notifications were received during the year, 77 of Pulmonary Tuberculosis and 4 of other forms of disease.

The following table shows the notifications received and the attack-rate for each year since the commencement of the Public Health (Tuberculosis) Regulations, 1912:—

	Notifications received:		Attack Rate per 1,000 of the population.	
	Pulmonary.	Other forms.	Pulmonary.	Other forms.
1912	307	—	4.1	—
1913	318	50	4.3	0.68
1914	143	167	1.9	2.2
1915	229	103	3.1	1.4
1916	204	117	2.6	1.4
1917	206	126	2.6	1.6
1918	194	80	2.5	1.0
1919	260	60	3.5	0.8
1920	146	31	1.9	0.4
1921	88	14	1.1	0.18
1922	112	17	1.4	0.2
1923	80	18	1.02	0.2
1924	110	18	1.39	0.2
1925	74	24	0.9	0.3
1926	94	16	1.2	0.2
1927	87	38	1.1	0.49
1928	73	25	0.8	0.29
1929	108	34	1.2	0.4
1930	76	19	0.89	0.22
1931	80	29	0.93	0.33
1932	65	20	0.76	0.23
1933	55	16	0.64	0.19
1934	72	19	0.85	0.22
1935	95	19	1.15	0.23
1936	81	21	0.99	0.25
1937	77	4	0.95	0.04

The deaths from all forms of Tuberculosis during the year numbered 59, all of which had been previously notified. This compares with 46 deaths last year, all of which had been previously notified.

The following table shows the total NEW CASES during the year, i.e., all PRIMARY NOTIFICATIONS and also other NEW CASES coming to the knowledge of the Medical Officer of Health from the death returns or otherwise, and also the deaths registered during the year:—

TUBERCULOSIS.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Other forms		Pulmonary.		Other forms.	
	M	F	M	F	M	F	M	F
0 to 1	—	—	—	—	—	—	—	—
1 to 5	1	—	—	—	—	—	—	—
5 to 10	—	3	1	—	—	1	—	—
10 to 15	—	—	—	1	—	—	—	—
15 to 20	5	3	1	—	—	3	—	—
20 to 25	4	8	—	1	1	8	—	—
25 to 35	11	6	—	1	8	5	—	1
35 to 45	13	9	—	—	9	1	—	—
45 to 55	6	3	—	1	7	2	—	—
55 to 65	4	2	—	—	3	6	—	1
65 upwards	2	4	—	—	2	1	—	—
Totals	46	38	2	4	30	27	—	2

The discrepancy between the number of new cases and the number of notifications received is accounted for by cases transferred from other areas.

The number of cases of Tuberculosis remaining on the Register of Notifications at the 31st December, 1937, was 564, viz.:—

Pulmonary, Males ...	249	Non-Pulmonary, Males ...	57
Females ...	205	Females ...	53
	454		110

DEATH-RATE FROM TUBERCULOSIS PER 1,000 POPULATION

Five-Year Period.	Pulmonary.	Other Forms.	All Forms.
1912-1916	1.04	0.24	1.28
1913-1917	1.12	0.18	1.30
1914-1918	1.20	0.15	1.35
1915-1919	1.20	0.14	1.34
1916-1920	1.14	0.17	1.31
1917-1921	1.03	0.20	1.23
1918-1922	0.93	0.24	1.17
1919-1923	0.86	0.25	1.11
1920-1924	0.76	0.26	1.02
1921-1925	0.75	0.24	0.99
1922-1926	0.79	0.20	0.99
1923-1927	0.80	0.15	0.95
1924-1928	0.75	0.14	0.89
1925-1929	0.76	0.12	0.88
1926-1930	0.78	0.10	0.88
1927-1931	0.75	0.10	0.85
1928-1932	0.69	0.11	0.80
1929-1933	0.67	0.10	0.77
1930-1934	0.60	0.10	0.70
1931-1935	0.58	0.09	0.67
1932-1936	0.56	0.07	0.64
1933-1937	0.60	0.06	0.67

The above figures which show the death-rates from tuberculosis in Smethwick for the past 26 years, are very informative. In order to make the results more comparable, and to smooth the curve of inequalities due to non-recurring causes, such as influenza epidemics, the figures shown are for five-yearly periods and not for single years.

MEMO. 37/T (Revised).

Return showing the work of the Dispensary during the year 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL
	Adults.		Children.		Adults.		Children		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):													
(a) Definitely tuberculous ...	38	31	—	2	1	2	—	1	39	33	—	3	75
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	12	6	2	1	21
(c) Non-tuberculous	—	—	—	—	—	—	—	—	48	38	54	14	154
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ...	—	2	—	—	—	—	—	—	—	2	—	—	2
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	26	49	43	36	154
C.—CASES written off the Dispensary Register as:—													
(a) Recovered	12	7	—	2	2	1	1	2	14	8	1	4	27
(b) Non-tuberculous (including any cases previously diagnosed and entered on the Dispensary Register as tub'rculous)	—	—	—	—	—	—	—	—	78	91	99	50	318
D.—NUMBER OF CASES on Dispensary Register on Dec. 31st:													
(a) Definitely tuberculous ...	136	122	4	9	19	23	24	18	155	145	28	27	355
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	12	6	2	1	21

1.—Number of cases on Dispensary Register on January 1st ... 376

2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 3

3.—Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of" 18

4.—Cases written off during the year as Dead (all causes) ... 46

5.—Number of attendances at the Dispensary (including Contacts) 1,965

6.—Number of Insured Persons under Domiciliary Treatment on the 31st December 91

7.—Number of consultations with medical practitioners:—

(*a*) Personal 35

(*b*) Other 215

8.—Number of visits by Tuberculosis Officers to homes (including personal consultations) 193

9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes 2,061

10.—Number of:—

(*a*) Specimens of sputum, etc., examined 382

(*b*) X-ray examinations made 364

in connection with Dispensary work.

11.—Number of "Recovered" cases restored to Dispensary Register, and included in A(*a*) and A(*b*) above 2

12.—Number of "T.B. plus" cases on Dispensary Register on December 31st 153

TABLE SHEWING ADMISSIONS to, and DISCHARGES from, SANATORIA during the Twelve Months ended December 31st, 1937

NAME OF INSTITUTION	Number of Cases in Sanatorium on January 1st, 1937.				Number of Cases admitted during 1937.				Cases discharged or transferred to the Chest Clinic.				Number of Cases in Sanatorium on December 31st, 1937.				Number of Deaths.	
	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females	Children	Total	Males	Females
Holly Lane	...	...	...	...	31	19	...	50	15	10	...	25	7	7	...	14	9	2
Romsley Hill	7	6	...	13	18	18	...	36	18	14	...	32	7	6	...	13	...	4
The Woodlands, Northfield ...	...	1	4	5	1	2	1	4	...	1	1	2	1	2	4	7	.	..
The Forelands, Bromsgrove ...	...	...	1	1	...	..	2	2	...	...	3	3	...	...	...	...	...	...
Rl. Cripples Hospital, Vicarage Rd.	2	...	..	2	...	...	..	..	2	...	...	2	...	...	...	...	...	...
Children's Hospital, Birmingham	...	...	...	...	...	...	3	3	...	...	3	3	...	...	...	...	...	...
Hallam Hospital, West Bromwich	...	...	...	...	3	3	...	6	...	...	...	...	1	...	...	1	2	3
Papworth Settlement, Cambridge	1	...	...	1	...	...	..	...	1	...	...	1	...	...	...	...	...	...
Crossley Sanatorium, Cheshire ...	...	1	...	1	1	2	...	3	...	1	...	1	1	2		3	...	...
West Heath Sanatorium, B'ham..	...	2	...	2	...	2	...	2	...	1	...	1	...	...	...	...	...	3
Royal Nat. Sanatorium, Ventnor..	...	...	...	...	...	2	...	2	...	1	...	1	...	1	...	1	. .	...
Nieuport Sanatorium, Hereford...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	...	...	...	...
Creaton Sanatorium, N'thampton	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...
Totals	10	10	5	25	55	49	6	110	37	29	7	73	17	18	4	39	11	12

Number of Beds available for the treatment of Tuberculosis on the 31st December, in Institutions belonging to the Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults.	Children under 15	Adults	Children under 15	
Holly Lane Sanatorium, Smethwick	20	...	...	...	20
Romsley Hill Sanatorium, Nr. Halesowen, Worcs. [See Note]	17	...	...	...	17

NOTE.

The particulars shown on the attached return under this heading relate to beds in the Institutions named in respect of which the Council have a definite agreement to retain the use of the number of beds specified, although in no case does the Institution actually belong to the Council.

Holly Lane Sanatorium belongs to the Smethwick and Oldbury Joint Hospital Committee.

Romsley Hill Sanatorium belongs to the Birmingham City Council.

In addition to the above, beds have been used during the year for :—

Pulmonary Cases.

At Creaton Sanatorium, Northampton; West Heath Sanatorium, Birmingham; Crossley Sanatorium, Cheshire; Royal National Hospital for Consumption, Ventnor, I.O.W.; Papworth Village Settlement, Cambridge; Nieuport Sanatorium, Hereford.

Non-Pulmonary.

At Birmingham Royal Cripples' Hospitals (i.e., the "Woodlands," Northfield, the "Forelands," Bromsgrove, and the Vicarage Road Hospital, Birmingham.

Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institutions on Jan. 1.	Admitt'd during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	...	...	...	...	...
	Adult Females	...	1	1	...	...
	Children ...	....	...	...	...	...
	Total ...	...	1	1	...	...
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	7	54	35	9	17
	Adult Females	10	42	27	9	16
	Children ...	...	...	...	...	...
	Total ...	17	96	62	18	33
Number of Patients suffering from non-pulmonary tuberculosis	Adult Males ...	2	1	2	...	1
	Adult Females	1	2	2	...	1
	Children ...	5	3	2	...	6
	Total ...	8	6	6	...	8
Grand Total		25	103	69	18	41

Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council

		In Institutions on Jan. 1st.	Admitted during the year	Discharged during the year	Died in the Institutions.	In Institutions on Dec. 31st
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	...	4	1	3	...
	Adult Females	...	3	...	3	...
	Children ...	...	...	...	...	...
	Total ...	...	7	1	6	...
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	...	...	...	...	...
	Adult Females	...	...	...	...	...
	Children ...	...	...	...	...	...
	Total ...	...	...	...	...	...
Grand Total		...	7	1	6	...

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
Non-tuberculous...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Doubtful	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution. *Under 3 months. M.	F.	Ch.	3—6 months. M.	F.	Ch.	6—12 months. M.	F.	Ch.	More than 12 months. M.	F.	Ch	Totals. M.	F.	Ch.	Grand Totals.
Pulmonary Tuberculosis.	Class T.B minus.	Quiescent	3	...	...	2	6	...	...	1	...	...	...	...	5	7	...	12
		Not quiescent	2	2	...	4	3	...	1	1	...	...	...	...	7	6	...	13
		Died in Institution ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	Class T.B. plus. Group 1.	Quiescent	...	...	...	2	...	...	...	...	...	1	...	...	3	...	..	3
		Not quiescent	...	...	...	...	2	...	1	1	...	...	...	...	1	3	...	4
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus. Group 2.	Quiescent	1	...	...	...	1	...	...	...	...	...	...	...	1	1	...	2
		Not quiescent	2	...	...	1	2	...	...	...	...	...	...	...	3	2	...	5
		Died in Institution ...	1	...	...	...	1	...	...	...	...	...	...	...	1	1	...	2
	Class T.B plus. Group 3.	Quiescent	...	...	...	2	2	...	...	...	...	...	...	...	2	2	...	4
		Not quiescent	1	1	...	4	4	...	1	...	...	...	...	...	6	5	...	11
		Died in Institution ...	1	1	...	...	3	...	...	1	...	...	...	...	1	5	...	6
Totals (Pulmonary)			12	4	...	15	24	...	3	4	...	1	...	...	31	32	...	63
Non-Pulmonary Tuberculosis	Bones and Joints.	Quiescent	...	...	...	...	1	1	...	...	1	1	...	...	1	1	2	4
		Not quiescent	...	...	...	...	...	...	1	...	...	...	1	...	1	1	...	2
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Organs.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals (Non-Pulmonary) ...			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all Patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.
The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates.		Previous to 1927.					1927.					1928.					1929.				
		Class T.B. minus	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)
(a) Remaining on Dispensary Register on 31st December. Disease arrested. Adults M.		2	...	3	...	3	1	...	...	...	...	1	1	...	...	1	2	...	...	...	...
Adults F.		1	...	1	...	1	...	...	2	...	2	...	1	...	...	1	2	...	...	...	...
Children ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disease not arrested. Adults M.		...	1	3	1	5	...	...	1	...	1	...	...	..	...	...	...	..	...	1	1
Adults F.		...	...	1	...	1	...	...	..	1	1	...	...	1	...	1	...	...	1	...	1
Children ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total on Dispensary Register at 31st December		3	1	8	1	10	1	...	3	1	4	1	2	1	...	3	4	...	1	1	2
(b) Not on Dispensary Register and reasons for removal therefrom. Discharged as recovered. Adults M.		64	7	2	1	10	4	2	...	...	2	6	1	...	...	1	5	...	...	...	...
Adults F.		109	7	1	...	8	1	1	...	...	1	5	1	1	...	2	4	2	...	...	2
Children ...		5	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Lost sight of or otherwise removed from Dispensary Register		188	8	15	1	24	...	2	4	...	6	6	3	1	...	4	16	1	1	2	4
Dead Adults M.		2	11	20	53	84	1	2	3	22	27	2	4	5	23	32	3	2	13	16	31
Adults F.		1	10	17	26	53	...	1	3	13	17	3	1	5	13	19	4	7	11	13	31
Children ...		2	...	...	2	2	...	...	...	3	3	...	...	...	1	1	...	...	...	1	1
Total written off Dispensary Register		371	44	55	83	182	6	8	10	38	56	23	10	12	37	59	32	12	25	32	69
GRAND TOTALS		374	45	63	84	192	7	8	13	39	60	24	12	13	37	62	36	12	26	33	71

Condition at the time of the last record made during the year to which the Return relates.		1930.					1931.					1932.					1933.				
		Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)
(a) Remaining on Dispensary Register on 31st December. Disease arrested. Adults M.		1	...	...	...	...	4	...	1	...	1	2	...	2	1	3	7	1	3	...	4
Adults F.		...	2	1	...	3	2	2	2	1	5	3	1	...	...	1	1	...	...	1	1
Children ...		2	...	...	...	...	2	...	...	...	...	4	...	...	...	...	2	...	...	...	...
Disease not arrested. Adults M.		...	...	1	1	2	...	...	...	3	3	...	1	1	...	2	2	...	1	1	2
Adults F.		1	...	1	...	1	...	...	...	...	...	1	...	1	3	4	1	1	2	2	5
Children ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
Total on Dispensary Register at 31st December		4	2	3	1	6	8	2	3	4	9	10	2	4	4	10	13	2	6	4	12
(b) Not on Dispensary Register and reasons for removal therefrom. Discharged as recovered. Adults M.		5	...	...	...	...	3	1	1	...	2	3	...	...	...	...	...	...	...	...	...
Adults F.		2	...	...	...	...	4	1	...	...	1	1	...	...	...	...	...	...	...	...	...
Children ...		3	...	...	...	...	1	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Lost sight of or otherwise removed from Dispensary Register		19	2	2	3	7	8	4	7	1	12	6	1	5	1	7	...	1	3	1	5
Dead Adults M.		6	1	11	10	22	3	1	10	14	25	5	2	9	9	20	1	...	5	7	12
Adults F.		4	2	6	5	13	2	1	4	6	11	2	...	6	2	8	2	1	7	5	13
Children ...		...	...	...	...	...	1	...	1	...	1	...	...	1	...	1	...	...	...	1	1
Total written off Dispensary Register		39	5	19	18	42	22	8	23	21	52	17	3	21	12	36	3	2	15	14	31
GRAND TOTALS		43	7	22	19	48	30	10	26	25	61	27	5	25	16	46	16	4	21	18	43

Condition at the time of the last record made during the year to which the Return relates.		1934.					1935.					1936.					1937.				
		Class T.B. minus	Class T.B. plus Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. Plus)	Class T.B. minus.	Class T.B. plus. Group 1.	Group 2.	Group 3.	Total (Cl. T.B. plus)	Class T.B. minus	Class T.B. plus. Group 1.	Group 2.	Group 3	Total (Cl. T.B. plus)
(a) Remaining on Dispensary Register on 31st December. Disease arrested. Adults M.		3	2	...	1	3	6	1	2	...	3	...	...	...	...	...	...	...	...	...	...
Adults F.		2	1	...	...	1	7	1	1	1	3	..	...	...	...	...	...	...	...	...	...
Children ...		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disease not arrested. Adults M.		1	...	1	...	1	3	1	2	3	6	11	7	6	6	19	11	2	6	11	19
Adults F.		2	...	1	1	2	1	3	4	5	12	13	6	2	3	11	11	1	9	7	17
Children ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total on Dispensary Register at 31st December		8	3	2	2	7	18	6	9	9	24	24	13	8	9	30	24	3	15	18	36
(b) Not on Dispensary Register and reasons for removal therefrom. Discharged as recovered. Adults M.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Adults F.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lost sight of or otherwise removed from Dispensary Register		4	5	1	...	6	4	3	3	...	6	3	...	1	...	1	...	...	...	1	1
Dead Adults M.		2	1	2	8	11	1	1	1	13	15	3	...	1	6	7	2	...	...	5	5
Adults F.		2	1	2	7	10	3	2	3	10	15	2	...	...	5	5	...	1	...	4	5
Children ...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total written off Dispensary Register		8	7	5	15	27	8	6	7	23	36	8	...	2	11	13	2	1	...	10	11
GRAND TOTALS		16	10	7	17	34	26	12	16	32	60	32	13	10	20	43	26	4	15	28	47

NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1927.					1927.					1928.					1929.					1930.				
			Bones and Joints.	Abdominal	Other Organs	Peripheral Glands	Total.	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total.	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total.	Bones and Joints	Abdominal.	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M.	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F.	1	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	1	...	...	1
		Children ...	2	...	1	...	3	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	1	...	...	2
	Disease not arrested.	Adults M.	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total on Dispensary Register at 31st December		3	...	4	...	7	1	...	...	1	2	1	...	1	...	2	...	1	...	...	1	1	2	...	...	3
Transferred to Pulmonary ...			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	Adults M.	2	1	...	1	4	3	...	...	...	3	1	...	...	...	1	...	...	...	...	...	1	1	...	...	2
		Adults F.	2	1	3	1	7	4	...	...	1	5	...	...	...	...	...	1	1	1	...	3	1	...	1	...	2
		Children ...	6	2	2	62	72	9	4	...	6	19	5	4	...	5	14	4	2	...	3	9	3	3	...	4	10
	Lost sight of, or otherwise removed from Dispensary Register		1	1	5	25	32	3	1	1	4	9	2	2	1	2	7	1	1	2	...	4	3	1	...	1	5
	DEAD.	Adults M.	...	...	1	...	1	1	...	...	...	1	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...
		Adults F.	...	...	3	1	4	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
		Children ...	3	...	1	1	5	...	...	3	...	3	...	2	3	...	5	...	1	4	...	5	...	...	...	...	...
	Total written off Dispensary Register		14	5	15	91	125	20	5	4	11	40	8	9	5	7	29	7	5	7	3	22	8	5	1	5	19
GRAND TOTALS of (a) & (b) (excluding those transferred to Pulmonary)			17	5	19	91	132	21	5	4	12	42	9	9	6	7	31	7	6	7	3	23	9	7	1	5	22

Condition at the time of the last record made during the year to which the Return relates.			1931.					1932.					1933.					1934.					1935.					1936.					1937.				
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints	Abdominal.	Other Organs.	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs	Peripheral Glands	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults M.	1	...	...	...	1	2	...	...	...	2	1	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
		Adults F.	...	...	...	...	...	1	...	...	...	1	...	...	1	...	1	1	...	...	1	2	...	...	1	1	2	...	...	...	5	5	...	...	...	...	...
		Children ...	1	...	...	1	2	1	...	1	...	2	1	1	1	2	5	2	...	...	...	2	...	1	2	...	3	1	...	...	4	5	...	...	...	...	...
	Disease not arrested.	Adults M.	...	...	...	...	...	...	...	1	...	1	...	1	...	...	1	...	...	1	...	1	...	...	...	...	...	3	...	3	2	8	...	...	...	...	...
		Adults F.	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	1	...	2	2	...	...	...	2
		Children ...	3	...	...	...	3	1	...	...	...	1	1	...	1	..	2	2	...	...	...	2	3	...	1	...	4	2	...	...	1	3	...	...	...	1	1
	Condition not ascertained during the year		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total on Dispensary Register at 31st December		5	...	1	1	7	5	...	3	...	8	3	2	3	2	10	5	...	2	1	8	4	1	4	1	10	7	...	4	12	23	2	...	...	1	3
Transferred to Pulmonary ...			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not now on Dispensary Register and reasons for removal therefrom.	Discharged as recovered	Adults M.	1	...	...	2	3	1	...	...	...	1	2	...	...	...	2	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
		Adults F.	1	...	...	1	2	...	...	1	2	3	...	...	1	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	2	2	...	8	12	2	1	...	1	4	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		1	3	...	3	7	1	...	1	1	3	...	...	...	...	...	2	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
	DEAD.	Adults M.	...	...	1	...	1	...	...	1	...	1	1	...	...	...	1	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adults F.	1	1	...	...	2	...	...	...	...	...	...	1	...	1	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	1	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total written off Dispensary Register		7	6	1	14	28	4	2	3	4	13	3	1	1	3	8	3	1	3	1	8	...	...	...	..	...	...	...	...	...	...	...	...	1	...	1
GRAND TOTALS of (a) & (b) (excluding those transferred to Pulmonary)			12	6	2	15	35	9	2	6	4	21	6	3	4	5	18	8	1	5	2	16	4	1	4	1	10	7	...	4	12	23	2	...	1	1	4

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

It was not necessary to take action under these Regulations during the year.

PUBLIC HEALTH ACT, 1925, Section 62.

It was not necessary to take action under this Section during the year.

AFTER-CARE WORK.

After-care work has been carried out by the Staff at the Chest Clinic, and the following is a summary of the work done during the year:

Patients receiving loan of beds and bedding	11
Patients receiving loan shelters, including beds	2
Advanced cases on domiciliary treatment receiving loans of bed-pans, air cushions, atomisers, etc.	85

HOME NURSING AND EXTRA NOURISHMENT.

In 49 cases, extra nourishment in the form of grants of milk was given during the year, as against 53 cases in 1936, and 61 in 1935.

DENTAL TREATMENT.

By arrangement with the Education Committee, the services of one of the school dentists is available for the dental treatment of Tuberculosis patients. Under this scheme 12 patients were dealt with during the year all being seen at Holly Lane Hospital. One patient was provided with dentures.

RECREATION.

Contributions of books, periodicals, etc., for the patients' library will be welcomed from anyone reading this report.

Mental Deficiency Acts.

The following is an extract from the Return of Mental Defectives as on 1st January, 1938, submitted to the Board of Control :—

	M.	F.	Total.
1. Number of Cases in Institutions under "Order" (excluding cases on licence)	38	25	63
2. Number of Cases in Institutions not under "Order"	5	5	10
3. Number of Cases on Licence from Institutions	5	5	10
4. Number of Cases under Guardianship...	4	3	7
5. Number of Cases in "places of safety"	—	—	—
6. Number of Cases under Statutory Supervision	99	72	171
7. Number of Cases in receipt of Poor Law Relief :—			
(a) In Institutions	—	4	4
(b) Domiciliary	5	4	9

The above table shows that there is a total of 83 Cases in Institutions, as follows :—

	M.	F.	Total.
Monyhull Colony, Birmingham	21	21	42
Great Barr Park Colony	9	9	18
Erdington House, Birmingham	13	3	16
Ross Poor Law Institution	3	—	3
Inc. of National Institutions for the Care of Feeble-minded, Stoke Park ...	1	1	2
Dr. Barnardo's Home	—	1	1
Hortham Colony	1	—	1
	—	—	—
	48	35	83
	—	—	—

Venereal Diseases.

By arrangement, treatment is available for Smethwick patients at the General Hospital, Birmingham. Male and Female Departments are open on the following days :—

CLINICS : Every morning, from 10 a.m. to 12 noon.
Every evening (excepting Saturdays and Sundays) from 5 p.m. to 7 p.m.

INTERMEDIATE TREATMENT :—
Week-days, from 8.15 a.m. to 8 p.m.
Saturdays, from 8.15 a.m. to 2 p.m.
Sundays, from 10 a.m. to 1 p.m.

The number of Smethwick residents dealt with at the Centre during the year was 100, compared with 109 in 1936, 105 in 1935, 118 in 1934, 114 in 1933, 85 in 1932, 103 in 1931, 110 in 1930, 111 in 1929, 82 in 1928, 85 in 1927, 83 in 1926, 89 in 1925, 64 in 1924, 61 in 1923, 74 in 1922, 73 in 1921, and 120 in 1920.

The Report of the Medical Officer of the Treatment Centre for the year under review shows :—

A. Number of Smethwick patients dealt with during the year, at or in connection with the Out-Patient Clinic for the first time and found to be suffering from :—

Syphilis	11
Soft Chancre	—
Gonorrhœa	40
Conditions other than Venereal	49
	100

B. Total Number of attendances at the Out-Patient Clinic of all patients residing in Smethwick 4,325

C. Aggregate number of "In-patient days" of all patients residing in Smethwick 69

Pathological examinations made at the General Hospital during the year 1937 relating to patients residing in Smethwick :—

For detection of Gonococci—Films ...	405
For detection of Gonococci—Cultures ...	380
For Wassermann Reaction	279
Blood, Complement Fixation Test ...	90
Blood, Van-den-berg Test	28
Blood for Sigma Test	18
Cerebral-Spinal Fluid, Cell Count	2
Cerebral-Spinal Fluid W.R.	2
	1,204

In addition, 112 tests for Wassermann Reaction and 28 examinations for the detection of gonococci were made at the City of Birmingham Bacteriological Laboratory.

General Provision of Health Services in the Borough.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

(1) General :—

St. Chad's Hospital situated in Hagley Road, Birmingham, contains 145 beds for the reception of medical, surgical, maternity and gynæcological patients.

Table Showing the Classification of the Accommodation for Sick and Maternity Cases and the Number of Beds Occupied on the 31st December, 1937.

Classification of Wards.	Number of Wards.	Beds. Men. Provided.	Men. Occupied.	Women. Provided.	Women. Occupied.	Children (under 16 years of age.) Provided.	Children Occupied.	Total. Provided.	Total. Occupied.
Medical	8	16	14	15	16	—	2	31	32
Surgical	8	21	21	27	15	—	4	48	40
Chronic Sick	5	18	15	21	15	—	7	39	37
Maternity	11	—	—	27	18	—	—	27	18
Totals	32	55	50	90	64	—	13	145	127

STATISTICS RELATING TO THE PERIOD ENDED 31st DECEMBER, 1937.

(A) IN-PATIENTS.

1. Total number of admissions (including infants born in Hospital) 1,952
2. Number of women confined in Hospital 319
3. Number of live births 300
4. Number of still births 21
5. Number of deaths among the newly-born (i.e., under four weeks of age) 12
6. Total number of deaths among children under one year (including those given under 5) 19

7. Number of maternal deaths among women admitted to hospital for confinement 3
8. Total number of deaths 158
9. Total number of discharges (including infants born in hospital) 1,808
10. Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods :—
    (a) Under four weeks 1,540
    (b) Four weeks and under thirteen weeks 355
    (c) Thirteen weeks or more 71
11. Number of beds occupied (excluding cots in maternity wards) (a) average during the year 130.7; (b) highest 146, on April 2nd and 19th; (c) lowest 107 on January 23rd.
12. Number of surgical operations under general anæsthetic (excluding dental operations) 323
13. Number of abdominal sections 133

(B) OUT-PATIENTS.

There is at present no out-patient department in connection with St. Chad's Hospital.

(C) CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR ENDED 31st DECEMBER, 1937.

Disease Groups.	Children (under 16 years of age.) Discharged.	Children (under 16 years of age.) Died.	Men and Women. Discharged.	Men and Women. Died.
A. Acute Infectious Disease	8	—	15	3
B. Influenza	—	—	12	—
C. Tuberculosis :—				
Pulmonary	—	—	5	3
Non-Pulmonary	2	1	4	1
D. Malignant Disease	—	—	23	15
E. Rheumatism :—				
(1) Acute Rheumatism (Rheumatic Fever) together with sub-acute Rheumatism and Chorea	7	—	16	—
(2) Non-articular manifestations of so-called "rheumatism" (Muscular Rheumatism, Fibrositis, Lumbago and Sciatica)	—	—	3	—
(3) Chronic Arthritis	—	—	17	—

F.	Venereal Disease	—	—	1	—
G.	Puerperal Pyrexia	—	—	6	—
H.	Puerperal Fever :—				
	(a) Women confined in the Hospital	—	—	2	—
	(b) Other cases	—	—	1	—
I.	Other Diseases and Accidents connected with Pregnancy and Childbirth	—	—	99	3
J.	Mental Diseases :—				
	(a) Senile Dementia	—	—	1	—
	(b) Other	—	—	—	—
K.	Senile Decay	—	—	3	1
L.	Accidental Injury and Violence ...	54	3	144	6
	In respect of cases not included above.				
M.	Disease of the Nervous System and Sense Organs	22	5	35	21
N.	Disease of Respiratory System ...	37	12	70	23
O.	Disease of Circulatory System ...	7	1	49	17
P.	Disease of Digestive System	44	3	230	14
Q.	Disease of Genita-Urinary System ...	6	—	99	12
R.	Disease of Skin	5	—	23	—
S.	Other Diseases	6	7	42	7
T.	Mothers and Infants discharged from Maternity Wards and not included in above figures :—				
	Mothers	—	—	322	—
	Infants	293	—	—	—
U.	Any persons not falling under any of the above headings	15	—	80	—
	Totals ...	506	32	1302	126

(2) Tuberculosis :—

Holly Lane Hospital, Smethwick. 22 beds for advanced and chronic cases.

Romsley Hill Sanatorium, near Halesowen. (Birmingham Corporation). 17 beds reserved for Smethwick patients.

For Surgical Tuberculosis: Cases are sent to "The Woodlands," Northfield and "The Forelands," Bromsgrove.

(3) Maternity :—

There are 27 beds for Maternity Cases at the Council's Municipal Hospital (see page 44).

Two beds reserved for cases of Puerperal Fever at the Women's Hospital, Sparkhill, Birmingham.

(4) Children :—

The Council has an arrangement with the Children's Hospital, Birmingham, for the treatment of children.

(5) Fever :—

Smethwick and Oldbury Joint Isolation Hospital, Holly Lane, Smethwick (total 86 beds). All types of infectious disease are now treated.

(6) Smallpox :—

South Staffordshire Joint Smallpox Hospital, Moxley, near Wednesbury.

Institutional Provision for Unmarried Mothers, Illegitimate Infants, and Homeless Children :—

Hope Lodge, Edgbaston, Birmingham.

Ambulance Facilities :—

(a) For Infectious Cases: Smethwick and Oldbury Joint Hospital Committee have two "Morris" Motor Ambulances, which are kept at the Isolation Hospital, Holly Lane, Smethwick (Telephone, Smethwick 0159).

(b) For Non-Infectious and Accident Cases: A 20 h.p. "Austin," two 20 h.p. and one 30 h.p. "Morris" Ambulances kept at the Fire Station, Rolfe Street, Smethwick. (Telephone, Smethwick 2222).

CLINICS AND TREATMENT CENTRES.

Infant Welfare Centres :—

There are seven Infant Welfare Centres in the Borough, and sessions are held on the following days from 2 to 4.30 p.m., with the exception of the Wednesday session at the Cape Centre (9 a.m. to 12 noon).

No. 1. Baptist Hall, Rawlings Road. Mondays and Wednesdays.

No. 2. St. Stephen's Hall, Cambridge Road. Mondays and Wednesdays.

No. 3. The Firs Clinic, Cooper's Lane, Mondays, Tuesdays and Thursdays.

No. 4. Congregational Church Hall, Oldbury Road. Fridays.

No. 5. St. Gregory's Hall, Wigorn Road. Fridays.

No. 6. St. Mark's Church, Warley Road. Tuesdays and Thursdays.

No. 7. Cape Clinic, Durban Road. Tuesday afternoons, Wednesday mornings, and Thursday afternoons.

ANTE-NATAL CLINICS :—

Held at the Firs Clinic, Cooper's Lane, on Monday, Wednesday and Friday mornings, from 9.30 to 12.30 p.m.; Wednesday afternoon, from 2 to 4.30 p.m.; and Thursday evening at 6 p.m.

At the Cape Clinic, Durban Road, on Tuesday and Thursday mornings, from 9.30 to 12.30 p.m., and Wednesday evening at 6 p.m.

POST-NATAL CLINICS :—

Held at the Firs Clinic, Cooper's Lane, on Thursday morning, from 9.30 to 12.30 p.m., and Friday afternoon from 2 to 4.30 p.m.

At the Cape Clinic, Durban Road, on Monday afternoon from 2 to 4.30 p.m.

SCHOOL CLINICS :—

Two School Clinics are provided, one at the Cape Clinic, Durban Road, and one at the Firs Clinic, Cooper's Lane. The days and times of attendance are as follows :—

Treatment Clinics :—

Cape : Daily from 9.30 a.m. to 12 noon.

The Firs : Monday, Tuesday, Wednesday, Thursday and Friday mornings, 9.30 a.m. to 12 noon.

Inspection Clinics :—

Cape : Friday morning, 9.30 a.m. to 12 noon.

The Firs : Tuesday morning, 9.30 a.m. to 12 noon.

EYE CLINICS :—

The Firs Clinic : Monday 2 to 5 p.m., and Wednesday 9.30 a.m. to 12 noon.

IONISATION CLINIC :—

Cape : Monday morning, 9.30 a.m. to 12.30 p.m.

CLEANSING STATION (for Scabies, etc.) :—

Cape : Monday and Wednesday afternoons.

DENTAL CLINICS :—

The Firs : Daily (except Monday and Wednesday afternoons) from 9.30 to 12.30 p.m., and 2 to 5 p.m., by appointment only.

Cape : Daily (except Tuesday and Thursday afternoons) from 9.30 to 12.30 p.m., and 2 to 5 p.m., by appointment only.

CHEST CLINIC :—

The Firs : Tuesday from 7 to 9 p.m., Wednesday from 2.15 to 5 p.m. and Friday from 11 to 1 p.m. New cases seen by appointment only.

ULTRA-VIOLET LIGHT CLINIC :—

The Firs : Monday from 2.15 to 5 p.m., and Friday from 2.15 to 5 p.m. Other days by appointment.

X-RAY EXAMINATIONS :—

At the Firs Clinic by appointment.

PROFESSIONAL NURSING IN THE HOME :—

The Smethwick District Nursing Association, The Edward Cheshire Nurses' Home, Bearwood Road, Smethwick, has a nurse-matron and two nurses, who undertake general nursing among the poorer inhabitants in the district.

MIDWIVES :—

Sixteen midwives reside in the Borough, and a total of 32 notified their intention to practise in the area during the year.

CHEMICAL WORK :—

This work is undertaken by the Public Analyst for the Borough.

Other Institutions available for the District.

General Hospital, Steelhouse Lane, Birmingham (Central 4001):—
Out-patients' Department open daily at 9 a.m.

Queen's Hospital, Bath Row, Birmingham (Midland 2327):—
Out-patients' Department open daily at 9 a.m. (except Sunday).

Children's Hospital, Ladywood Rd., Birmingham (Edgbaston 2057):—
For children under 12 years of age. Daily from 1.30—2.30 p.m. (except Saturday and Sunday).

Women's Hospital, Sparkhill, Birmingham (Victoria 1101):—
Out-patients' Department, Upper Priory, Birmingham). Daily (except Saturday and Sunday) from 1 p.m.

Eye Hospital, Church Street, Birmingham (Central 6711):—
Out-patients' Department open daily from 8.30—10 a.m. (except Sunday).

Birmingham & Midland Skin Hospital, John Bright Street, Birmingham (Midland 5921):—
Out-patients' Department open daily from 1.30 p.m. to 3 p.m. (except Saturday and Sunday).

Ear, Nose and Throat Hospital, Edmund Street, Birmingham (Central 4086):—
Out-patients' Department open daily 9.30—11 a.m. (except Saturday and Sunday).

Royal Cripples' Hospital, Broad St., Birmingham (Midland 3804):—
Out-patients' Department open daily (except Friday, Saturday and Sunday), from 1.30—2.30 p.m.

Dental Hospital, Great Charles St., Birmingham (Central 3456):—
Daily from 9—10.15 a.m. (except Sunday).

Midland Hospital, Easy Row, Birmingham (Central 1421):—
Out-patients' Department open daily 9 a.m.—11 a.m. and 2—3 p.m.

Maternity Hospital, Loveday St., Birmingham (Aston Cross 2508):—
Out-patients are seen on Monday, Wednesday, Thursday and Saturday at 9 a.m., and Tuesday and Friday at 1.30 p.m.

The Birmingham General Dispensary has a branch at Cape Hill, Smethwick (Telephone No. SME. 0659), 2—4 p.m. daily (except Wednesday and Sunday).

Local Acts, Bye-Laws etc., relating to Public Health in force in the County Borough of Smethwick.

LOCAL ACTS

Smethwick Corporation Act, 1901.

Smethwick Corporation Act, 1927.

Smethwick Corporation Act, 1929.

BYE-LAWS.

Slaughter-houses, 1893.

Nuisances, 1914.

Good Rule and Government, 1921.

New Streets and Buildings, 1926.

Nursing Homes, 1929.

Public Health (Smoke Abatement) 1930.

REGULATIONS

Dairies, Cowsheds and Milkshops, 1901.

INFANT MORTALITY DURING THE YEAR 1937.

Cause of Death	0–1 w'k.	1–2 w'ks.	2–3 w'ks.	3–4 w'ks.	Total under 1 m'th.	1–2 m'nths	2–3 m'nths	3–4 m'nths	4–5 m'nths	5–6 m'nths	6–7 m'nths	7–8 m'nths	8–9 m'nths	9–10 m'nths	10–11 m'nths	11–12 m'nths	Total under 1 year
Measles	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	2
Erysipelas	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Acrodynia	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Meningitis	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Convulsions	...	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...	3
Otitis Media	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	2
Bronchitis	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Broncho-Pneumonia	...	...	1	...	1	...	1	...	1	2	1	...	...	...	1	1	8
Lobar Pneumonia	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	3
Peptic Ulcer	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Diarrhœa and Enteritis ...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	2
Cellulitis	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Cong. Malformation of Heart...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	3
Pyloric Stenosis	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
Other Cong. Malformations ...	2	...	...	...	2	2	1	...	...	...	...	...	...	...	...	...	5
Congenital Debility, Marasmus	2	1	1	...	4	...	...	1	...	...	...	...	...	...	...	...	5
Premature Birth	5	4	1	...	10	1	...	...	...	...	...	...	...	...	...	...	11
Injury at Birth	4	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	4
Accidental Asphyxia	...	..	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Overlaying	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	2
Totals ...	14	7	5	...	26	11	2	5	1	3	7	2	1	2	1	1	62

Births Registered during the Year { Legitimate 1,143. Illegitimate 38. Total 1,181.

Deaths Registered during the Year { Legitimate 59. Illegitimate 3. Total 62

Rate per 1,000 Births { Legitimate 51·6 Illegitimate 78·9 Total 52·5

MATERNITY AND CHILD WELFARE.

SUMMARY OF STATISTICS FOR THE YEAR 1937.

BIRTHS.

The number of births notified during the past five years under the Notification of Births Act, 1907, and Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications was as follows:—

	1933	1934	1935	1936	1937
Live Births ...	1208	1273	1197	1298	1185
Stillbirths	41	38	52	45	51
Total	1249	1311	1249	1343	1236
Notified by Midwives	842	914	896	917	832
Notified by doctors and parents ...	407	397	353	426	404

Comparison with the return of the local Registrar shows that very few births escape notification.

HEALTH VISITING.

The Council employ a Superintendent and twelve health visitors who are also School nurses, the equivalent of seven whole-time visitors being engaged in Maternity and Child Welfare work. The number of visits paid during the year was:—

(i) To Expectant Mothers	First Visits ...	753
	Total Visits ...	1,989
(ii) To children under one year of age	First Visits ...	893
	Total Visits ...	7,671
(iii) To children between the ages of 1 and 5 years	Total Visits ...	10,459

In practice the town is divided into districts, to each of which one health visitor is allotted. Her duties include :—

Visiting expectant mothers.
Attendance at the Ante-Natal Clinic (by rota).
Routine visiting of new births notified.
Routine visiting of children up to the age of 5 years.
Visiting and treatment of cases of ophthalmia neonatorum.
Investigation of applications for grants of milk in necessitous cases
Visiting in connection with stillbirths.
Attendance at the Infant Welfare Centre of her district and the home visiting of children who are attending.
Visiting in connection with non-notifiable infectious diseases, e.g Measles, Whooping Cough, Chicken-pox, etc.
Visiting Mental Defectives.
Attendance at School Medical Inspection.
Attendance at School Clinics.
Visiting of "follow-up" cases until treatment is completed.

A separate health visitor is engaged in visiting tuberculosis cases, and covers the whole area.

The total number of visits paid by the health visitors during the past five years is as follows :—

1933	30,346	1935	24,395
1934	28,537	1936	23,579
1937	25,882		

INFANT WELFARE CENTRES.

The number of Centres provided and maintained by the Council is seven, with thirteen sessions weekly. The total number of attendances during the year was 35,796. The total number of children who first attended at the Centres during the year was 1,537, of whom 970 were under one year of age, and 567 were between the ages of one and five years. The number of individual children on the registers at the end of the year was 3,254, of whom 912 were under one year of age, and 2,342 over one year of age. The number of children under one who attended for the first time during the year equalled 81.8% of the notified births.

The following table shows the total attendances at the centres during the past five years :—

		Under 1 year	1—5 years	Total
1933	...	16,301	20,337	36,638
1934	...	17,008	20,422	37,430
1935	...	18,955	20,083	39,038
1936	...	18,538	18,379	36,917
1937	...	18,149	17,647	35,796

The days and times of meeting and the average attendance at each Centre are set out below :—

Centre.	Day and Time of meeting.	Average Attendance. Under 1 year.	1—5 years.	Total.
1. Rawlings Road ...	Monday, 2 p.m.	31	31	62
Ditto	Wednesday, 2 p.m.	27	35	62
2. Cape	Tuesday, 2 p.m.	29	18	47
Ditto	Wednesday, 9.30 a.m.	28	28	56
Ditto	Thursday, 2 p.m.	22	18	40
3. Cambridge Road ...	Monday, 2 p.m.	25	22	47
Ditto	Wednesday, 2 p.m.	22	26	48
4. Firs Clinic	Tuesday, 2 p.m.	46	28	74
Ditto	Thursday, 2 p.m.	36	25	61
5. Oldbury Road ...	Friday, 2 p.m.	29	32	61
6. Warley	Friday, 2 p.m.	33	40	73
7. Londonderry ...	Tuesday, 2 p.m.	22	26	48
Ditto	Thursday, 2 p.m.	22	28	50

VOLUNTARY WORKERS.

Seventy Voluntary Workers assist the nurses at the various Infant Welfare Clinics in the Borough. We are greatly indebted to these ladies who give up so much of their time; their services are much appreciated by the mothers and the staff.

MOTHERCRAFT CLASS.

Owing to shortage of staff the mothercraft class had to be closed during the second part of the year, but it has now been re-opened.

EXAMINATION OF TODDLERS.

The scheme, which has been in operation since 1929, was extended in 1937 to include children of 2 and 3 years of age. As each child attains the age of 2, 3 and 4 years a note is sent to the parent inviting him or her to bring the child to the nearest Infant Welfare Clinic for a medical examination. A definite appointment at a definite place is offered in each case, and the examination given is on the lines of the school medical inspection. The responses to the invitations are not as numerous as one would like, and it is difficult to convince the parents of the need of a pre-school medical examination. School Medical Inspection records show that about one out of every four children who attend the elementary schools is found at the first medical examination to be suffering from some disease or defect which requires

treatment, and these defects which are preventable or curable at an early age usually develop between the ages of 2 and 5. The results of our efforts during the year are as below :—

INSPECTION OF TODDLERS, 1937.

	Called up. Aged.			Examined. Aged.			Referred for Treatment. Aged.			Treated. Aged.		
	2	3	4	2	3	4	2	3	4	2	3	4
1st quarter...	201	204	201	21	47	99	7	25	46	6	19	30
2nd „ ...	240	234	237	37	61	77	7	21	39	4	17	25
3rd „ ...	202	204	170	39	49	62	14	23	27	5	13	14
4th „ ...	225	205	163	45	49	58	12	21	33	1	6	12
	868	847	771	142	206	296	40	90	145	16	55	81

An analysis of the defects found is as follows :—

Defects.	Referred for Treatment. Age.			Defects Treated. Age.		
	2	3	4	2	3	4
Anæmia	7	14	8	3	7	6
Rickets	18	13	20	7	7	9
Otorrhœa	1	1	—	1	1	—
Cerumen	—	—	7	—	—	6
Defective Vision	—	1	—	—	1	—
Strabismus	2	3	3	1	3	2
Bronchitis and Bronchial Catarrh	1	19	16	1	16	8
Enlarged Tonsils and Adenoids	4	19	34	—	4	13
Teeth	3	18	61	1	6	32
Digestive	2	1	4	1	1	3
Umbilical Hernia	—	2	—	—	2	—
Enuresis	—	1	2	—	1	—
Phimosis	—	1	—	—	1	—
Skin Diseases	1	3	2	1	2	1
Flat Foot	4	8	6	1	1	4
Nits	—	1	—	—	1	—
Others	5	13	15	—	12	9
	48	118	178	17	66	93

OPHTHALMIA NEONATORUM.

Number of cases notified, 9.
Cases treated by Health Department nurses, 4.
Cases treated at Birmingham and Midland Eye Hospital, 3.
Cases treated by private practitioners, 2.
Cases resulted in impaired vision, none.
Visits paid to cases of Ophthalmia Neonatorum by the nurses during the year numbered 38.

Notifications for the past ten years :—

1928	21	1933	10
1929	13	1934	19
1930	13	1935	22
1931	18	1936	23
1932	12	1937	9

HOME HELPS.

In order to provide for the care of the family during the mother's absence in hospital or during the lying-in period, the Council in 1931 inaugurated a scheme for the provision of Home Helps. A panel of 8 suitable women was formed and the rate of pay is fixed at 7s. 6d. per day for not more than 12 days (excluding Sundays). The Maternity and Child Welfare Committee approved a scale of charges for the services of Home Helps and part of the cost is recovered from the families assisted according to this scale.

The services of the Home Helps are not in great demand in Smethwick. It is found that most women prefer to have a neighbour or friend to run their houses rather than a total stranger. Last year there were 19 cases compared with 15 in 1936 and 14 in 1935.

ANTE-NATAL CLINIC.

Since the establishment of the first Ante-Natal Clinic in 1920, the total attendances have been as follows :—

1920	42	1929	2,253
1921	107	1930	3,760
1922	127	1931	3,859
1923	241	1932	3,509
1924	275	1933	3,771
1925	537	1934	4,412
1926	1,015	1935	5,169
1927	1,079	1936	5,044
1928	1,465	1937	5,201

In 1937 the attendances represented 90 per cent. of all births notified in Smethwick, including babies born in the area of outside authorities. Very few mothers fail to attend regularly and absentees are systematically followed up by the Health Visitors. It is usually found that there is some very definite reason such as illness in the home that prevents attendance, and very few mothers fail to come through lack of interest in the service.

One hundred and eighty-nine expectant mothers received treatment by our dentists during 1937, the total attendances being 376.

POST-NATAL CLINIC.

The attendances at this Clinic during the year totalled 463. The number of individual patients attending was 233, representing 18.8% of the total births notified in the Borough during the year.

MATERNITY TREATMENT.

From the 1st April, 1935, maternity cases were received in St. Chad's Hospital, and the following extracts from the return made to the Ministry of Health relate to the year ended 31st December, 1937 :—

Number of maternity beds in the Institution (exclusive of isolation and labour beds)		27
Number of maternity cases admitted during the year		324
Number of expectant mothers admitted during the year		116
Average duration of stay (Maternity Cases) ... days		17.3
Average duration of stay (Expectant Mothers) days		12.5
Number of cases delivered by :—		
(a) Midwives		288
(b) Doctors		31
Number of cases in which medical assistance was sought by a midwife in emergency		—
Number of cases of Puerperal Fever		3
Number of cases of Puerperal Pyrexia		6
Number of cases of Pemphigus Neonatorum		—
Number of infants not entirely breast-fed while in the Institution :—		
Supplementary feeding, but breast-feeding established in Institution	40	
Supplementary feeding, but breast-feeding not established in Institution ...	58	
Entirely artificial feeding	22	
	—	120
Number of cases of Ophthalmia Neonatorum		—
Number of Maternal Deaths		3

Cause of death in each case :—

1. Eclampsia.
2. Obstetric shock.
3. Pulmonary embolism.

Number of Infant Deaths :—

(i) Still-born	27
(ii) Within 10 days of birth	7

Cause of death in each case, and results of post-mortem examination :

1.	Premature	No P.M.
2.	Hæmatemesis	P.M.—small ulcer on lesser curvature.
3.	Sub-tentorial Hæmorrhage	P.M.—small hæmorrhage found underneath the tentorium cerebelli on right side. No tentorine tear present.
4.	Intestinal Obstruction ...	No P.M.
5.	Inter-cranial Hæmorrhage	No P.M.
6.	Septic Broncho-Pneumonia	No P.M.
7.	Prematurity—Maternal Eclampsia	No P.M.

MIDWIVES.

As stated in the introduction to this report, the Municipal Midwifery Scheme of the Council, drawn up in accordance with the Midwives' Act, 1936, came into operation on March 1st. The full staff consists of eight Municipal midwives, each of whom will be expected to do a maximum of about 80 cases per year. There is at present one vacancy. There are in addition four independent midwives living and practising in the Borough.

The following figures show the work done by the Municipal midwives during the nine months of 1937 during which the scheme was in operation.

Number of bookings	386
Ante-Natal visits paid	1,883
Births attended	237
Nursing visits	4,667

About one-fifth of the ante-natal visits were ineffective.

The scheme has developed slowly, and at the present time, the number of deliveries which are conducted by our midwives, or at which our midwives assist, is approximately 40 per month, or rather under seven cases for each of the seven midwives. The standard of work, ante-natal, labour and post-natal is high.

The inauguration of the Municipal Midwifery Scheme enabled the Authority to extend and develop the post-natal work. In the past the attendances at the single weekly post-natal clinic were only of women confined at St. Chad's, but now all mothers are encouraged to attend on two occasions after the birth of the child. The attendances during the year (463) were about 25% higher than for the previous year—a very modest increase, but the service was not fully in operation until February of this year (1938) when a second obstetrical officer was appointed. At the present time (June, 1938) about one in every three mothers is attending a post-natal clinic.

The number of cases in which medical aid was summoned in 1937 is set out below. These figures include all midwives, Municipal and independent.

1933	235
1934	284
1935	241
1936	288
1937	253

The complications for which medical aid was sought were as follows :—

MOTHER.

Torn Perineum	76
Prolonged Labour	31
Hæmorrhage	18
Abnormal Presentation	17
Adherent Placenta	9
Varicose Veins	5
Inflamed Breast	5
Uterine Inertia	4
Rise of Temperature	4
Early Rupture of Membrane	3
Albuminuria	2
Macerated Fœtus	2
Prolapsed Cervix	2
Premature Labour	2
Miscarriage	2
Torn Labia	1
Fainting Attacks	1
Disproportion	1
Prolapse of Cord	1
Obstructed Labour	1
Other Causes	14

CHILD.

Discharging Eye	24
Dangerous Feebleness	7
Premature Birth	3
Talipes	3
Spina Bifida	1
Other Deformities	2
Vomiting	3
Rash	2
Stillbirth	1
Oedema of Eyelids	1
Other Causes	5
Routine Visits paid to midwives	72

Number of notices received re :—

Intention to practise	32
Sending for Medical Help	253
Attendance at Stillbirths (under C.M.B. Rules)	12
Attendance at Stillbirths (under Notification of Births Acts)	27
Cessation of Breast Feeding	8
Liability to be a Source of Infection ...	3
Death of Child	5

NURSING HOMES (REGISTRATION) ACT, 1927.

One nursing home was registered during the year; it was inspected periodically.

MATERNAL DEATHS.

Number of women dying in, or in consequence of, childbirth:—
(1) From Sepsis, 0; (2) From other causes, 3.

The Maternal death-rate is 2.54 per 1,000 live births compared with 2.36 in 1936, 3.29 in 1935, 5.31 in 1934, 3.26 in 1933, 5.43 in 1932, 1.95 in 1931, 4.5 in 1930, 5.2 in 1929, 4.2 in 1928, 3.0 in 1927, 3.5 in 1926, 4.1 in 1925, 3.7 in 1924, 6.9 in 1923, 2.3 in 1922.

The rate for England and Wales for 1937 was 3.23.

SUPPLY OF MILK TO EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN. (MATERNITY AND CHILD WELFARE ACT, 1918).

The continued improvement of trade in the town was reflected by a further decrease in the number of applications for free milk, the cases dealt with showing a decrease of 72 over the previous year. Altogether 175 cases received grants of milk, this number representing 280 persons, compared with 247 cases and 410 persons in 1936.

Grants of milk free or at reduced price were made to:—

(a) Expectant and Nursing Mothers	48
(b) Children up to three years of age	145
(c) Children from three to five years of age ...	87

in cases where the family income (after deducting the rent) fell below a certain limit.

Ordinarily milk is only supplied on a recommendation by the Assistant Medical Officers for Maternity and Child Welfare, and all children are expected to attend the nearest clinic if milk is granted. In exceptional cases where the mother is unable to bring the child to the centre, applications are dealt with at the Health Office.

	1934	1935	1936	1937
Cases receiving assistance during the year	503	332	247	175
Total cost	£1,384 18 0	£1,064 1 3	£669 19 4	£549 15 0
Average cost per case ...	£2 15 1	£3 4 1	£2 16 8	£3 2 10
Average duration of case	21 weeks	21 weeks	19 weeks	17 weeks

CHILDREN ACT, 1908.—Part 1.

1. Number of foster parents on the Register:—
   - (a) At the beginning of the year 14
   - (b) At the end of the year 13
2. Number of children on the Register:—
   - (a) At the beginning of the year 14
   - (b) At the end of the year 13
   - (c) Died during the year ... ... —
3. New cases during the year 8
4. Number of children:—
   - (a) Returned to their parents 3
   - (b) Transferred to other Local Authorities 2
   - (c) Legally adopted 2
   - (d) Died ... ... —
   - (e) Removed from observation 1

ARTIFICIAL LIGHT TREATMENT.

During the period under review 410 individual cases received treatment at the Light Clinic, as follows:—

Tuberculosis Cases	10
Babies and Toddlers	206
Children of School Age	194

These patients made a total of 4,892 attendances during the year:—

Tuberculosis Cases	377
Babies and Toddlers	2,044
Children of School Age	2,471

The above figures compare with 298 cases and 4,194 attendances for the year 1936 and 376 cases and 4,648 attendances for the year 1935.

The folowing tables show the type of case treated during the year, together with a summary of results:—

TABLE I.—TUBERCULOSIS CASES.

Disease.	Total Cases Treated	Number Discharged	Condition on Discharge				Continuing Treatment.
			Very much Improved	Improved	In Statu Quo.	Course not completed.	
Abdominal	3	1	...	...	...	1	2
Lupus	2	...	...	...	...	...	2
Cervical Glands	4	2	...	1	...	1	2
Spine	1	...	...	...	...	...	1
Total ...	10	3	...	1	...	2	7

TABLE II.—BABIES AND TODDLERS.

Disease.	Total Cases Treated	Number Discharged	Condition on Discharge.				Continuing Treatment.
			Very much Improved	Improved	In Statu Quo	Course not completed	
Adenitis	5	3	...	1	...	2	2
Anæmia	4	3	...	2	...	1	1
Anorexia	1	1	...	1	...	...	...
Bronchitis and "colds" ...	60	59	4	28	2	25	1
Catarrh	2	2	...	...	...	2	...
Chilblains	1	1	...	...	...	1	...
Debility	77	72	7	42	3	20	5
Delayed Dentition	15	14	2	8	1	3	1
Malnutrition	6	6	1	1	1	3	...
Nervous	4	4	...	2	...	2	...
Rickets	29	28	3	13	1	11	1
Whooping Cough	2	2	1	...	...	1	...
Total ...	206	195	18	98	8	71	11

TABLE III.—CHILDREN OF SCHOOL AGE.

Disease.	Total Cases Treated	Number Discharged	Condition on Discharge.				Continuing Treatment.
			Very much Improved	Improved	In Statu Quo or Worse	Course not completed.	
Adenitis	3	2	...	1	1	...	1
Alopecia	6	5	2	...	2	1	1
Anæmia	14	5	2	2	1	...	9
Bronchitis and "Colds" ...	74	68	10	41	2	15	6
Blepharitis	3	1	1	...	...	...	2
Conjunctivitis	1	1	...	1	...	...	...
Cervical Glands	6	5	...	5	...	...	1
Debility	75	64	11	37	...	16	11
Malnutrition	4	4	...	3	...	1	...
Rheumatism	5	4	1	3	...	...	1
Whooping Cough	3	...	...	...	..	...	3
Total ...	194	159	27	93	6	33	35

Report of the Chief Sanitary Inspector.

SANITARY ADMINISTRATION.

I beg to submit my report on the Sanitary Administration of the Borough for the year 1937.

The year under review has been prolific of important new Public Health legislation. The new Public Health Act, 1936 came into operation on the 1st October, 1937, and the new Housing Act, 1936, on the 1st January, 1937. The Factory Act, 1937, was placed on the Statute Book and will operate as from the 1st July, 1938.

CONVERSION OF WASTE WATER CLOSETS.

The work of securing the conversion of waste water closets to fresh water closets has proceeded steadily during the year. In previous years and until the end of September of the present year these conversions were carried out under the provisions of the Smethwick Corporation Act, 1929, which required the Council to make a contribution of one-third of the expenditure incurred by the owner. From 1st October, 1937, when the new Public Health Act came into force, Section 47 of this enactment has had to be operated.

The latter Act embodies a financial arrangement more advantageous to the owner, the minimum contribution payable by the Council being one-half of the amount expended. The new scale of contribution necessitated a slight retardation of our programme so as not to exceed the estimate for the current financial year which was £333. The estimate for next year has been increased to £500 in order to meet the increased demand which will be made upon the Council, without slowing down the work. Costs have remained fairly steady, the average cost of conversions being £6 12s. 6d. for the current year as against £6 10s. 0d. for 1936. Prices fluctuate as between one job and another according to the amount of reconstruction involved. The lowest cost per conversion was £4 15s. 0d. and the highest £9 12s. 0d.

OVERCROWDING.

The Ministry of Health requires that the cases of overcrowding shall be reviewed annually and a Table showing the position up-to-date must be included in each Annual Report. This Table will be found in the report on Housing at the foot of page 76.

The figures given in that Table show the position at the 31st May, 1938, on which date the review was completed.

If these figures are examined in conjunction with those given under the corresponding headings in last year's report and the report for 1935, certain interesting facts emerge. The most important of these is that the number of overcrowding cases is steadily diminishing although practically no re-housing of overcrowded families has yet been carried out by the Corporation. In December, 1935, when the Survey was completed, 247 families were found to be living in overcrowded conditions. It was anticipated that this number would increase as and when children under 10 years of age attained adult status and infants reached the age of one year. An examination of the Survey cards showed that by March 31st, 1938 a further 48 cases would become overcrowded by natural increase in the number of "equivalent adults," bringing the number of overcrowded families to 295. This figure is the one on which we have based our re-housing calculations. Events have turned out differently. At the end of 1936 the cases, instead of increasing in number had, in the aggregate, declined by 41 to 206 cases. The present year 1937, has seen a slightly greater reduction, the cases having fallen by 46 to 160. This is in spite of the fact that a number of new cases of overcrowding have been created during the year. Whilst 17 new cases were reported, 63 were relieved or abated. These cases, with one exception, were abated without any assistance from the Local Authority. They are made up as follows: (a) removal of sub-tenants—17 cases; (b) removal or reduction of tenant families—46 cases.

It should be remarked that the abatements of overcrowding have taken place principally from among the smaller-sized families, those who could find accommodation in existing houses suitable to the needs of their families. The result of this is that whilst the number of overcrowded families has decreased the average size of those families has increased from 7.72 persons to 8.19 persons. I give below for purposes of comparison two analyses of the overcrowded families. The first was compiled early in 1936 and included all the ascertained cases of overcrowding, plus those which it was anticipated would mature by the end of March, 1938. The second represents the position at the 31st May, 1938. By comparing these two tables it can readily be seen how many families of each size have ceased to be overcrowded. For example, four families of one person each and twelve families of two persons each have been expunged from the list. At the other end of the table the one family of 15 persons has been reduced to 14 by a marriage, and another family of 14 has been created and transferred from the 13 column by the birth of a child.

TABLE I.

Numbers and sizes of Overcrowded Families computed to March 31st, 1938:—

	Size of Family (actual Number of Persons).															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals.
No. of Families	4	12	22	18	15	22	16	43	55	43	25	14	5	—	1	295

Number of Overcrowded Families 295

Average Size of Overcrowded Families 7.72

TABLE II.

Numbers and sizes of Overcrowded Families—Actual Position at 31st May, 1938:—

	Size of Family (actual Number of Persons)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals.
No. of Families	–	–	2	11	14	16	14	26	26	23	17	8	1	2	–	160

Number of Overcrowded Families 160

Average Size of Overcrowded Families 8.19

It cannot be said with absolute certainty that only 160 families are at the present time overcrowded, since families of whom we have no knowledge may have moved into the Borough, and other families may have increased in size due to births of children who have now attained the age of one year. There may, as I say, be a few cases of new overcrowding not known to the department, but I do not think there can be many for the following reasons. It is now a statutory duty upon the landlord of a house to insert in the rent book a statement of the "permitted number" for the house, therefore a tenant could not be living in an overcrowded condition without knowing it. It is also a statutory duty upon owners and occupiers to report cases of overcrowding to the Local Authority, and it is an offence to create new overcrowding.

Furthermore, the health department generally receives early anonymous notification from interested and observant neighbours of any instances of overcrowding or borderline overcrowding. Scores of such complaints are received annually, and the majority of these prove on investigation not to be overcrowded by the statutory standard. In ascertaining the present figure account has, of course, been taken of all new cases which have come under our notice.

The new figure of 160 families does represent all that now remains overcrowded out of the 295 cases and pending cases which the Survey disclosed, plus all new cases reported since the Survey. The reduction has come about by two processes: (a) the natural reduction in the sizes of families due to deaths, marriages, etc. and (b) the securing,

by families who knew themselves to be overcrowded, of adequate alternative accommodation without assistance or pressure from the Local Authority.

GENERAL.

The general work of the department has proceeded along normal lines except that the important new Statutes referred to earlier in this report have thrown a certain amount of extra work on the staff. Also the fact that a good deal of my time and energy have had to be diverted into Air Raid Precautions organisation has necessitated the delegation to the Inspectors of a number of extra duties and much additional responsibility. My thanks are due to them for the cheerful and efficient manner in which they have met the extra demands made upon them in this connection, and also for a good deal of voluntary assistance I have received from them in connection with my A.R.P. work, much of it outside normal office hours. Extra emergency work has also been required from every member of the clerical staff, male and female, and it has always been uncomplainingly performed.

I wish to acknowledge gratefully the help I have at all times received from Dr. Paul, the Medical Officer of Health, who, however pressed he may have been, has always made time to accompany me on visits to the district or confer with me on matters where his judgment or decision have been required. The department has throughout the year received much assistance from the Chief Officers of other departments, notably the Borough Engineer, whose co-operation is frequently sought. I am also indebted to Mr. Fletcher for supplying certain of the data required for the compilation of this report.

The principal source of help and inspiration, outside the department and the Committee, has of course, been the Town Clerk. His sound advice on both the technical and legal aspects of our work has always been a great support. There are so many aspect of our duties which are near to the heart of Mr. Chapman, particularly in the realms of housing reform, that his interest can always be counted upon.

Finally, I wish to thank the Chairman and Members of the Health Committee for their continued devotion and for the entirely disinterested support which they have given to all projects for the betterment of the environmental conditions of the townspeople of Smethwick.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

Sanitary Circumstances of the Area.

WATER SUPPLY.

The Borough is supplied with water by the South Staffordshire Waterworks Co. The source is from deep boreholes through red sandstone and the water has a hardness of about 16-17 parts per 100,000. The quantity and quality have been well maintained throughout the year. Bacteriological examinations have shown that B. Coli are absent from 100 c.c.'s streptococci from 50 c.c. and the spores of B. Welchii from 100 c.c. There have been no important extensions of mains but the service of individual houses is being continually improved and augmented by the securing of separate water supplies and separate water closets to individual houses and by the installation of W.C. flushing cisterns where waste water closet conversions are carried out.

DRAINAGE AND SEWERAGE.

There have been no works of major importance in connection with sewerage during this period. Several minor extensions of sewers have been made in connection with housing schemes.

RIVERS AND STREAMS.

No cases of pollution have been reported during the year.

CLOSET ACCOMMODATION.

The closet accommodation throughout the town is now entirely on the water carriage system and we are rapidly approaching the time when every dwelling will enjoy the only decent standard of at least one water closet for the use of each house. The work of securing the conversion of waste water closets to fresh water closets has proceeded at the speed which the sum allotted in the estimates for this purpose would permit.

PUBLIC CLEANSING.

Further developments have taken place in the change over from horse transport to mechanical vehicles for refuse collection and three more van type rear-loading refuse removal vehicles have been brought into service.

Sanitary Inspection of the Area.

SUMMARY OF INSPECTIONS.

The total number of visits paid to all premises for all purposes was 20,029. The visits paid last year numbered 34,024, but of this number 17,117 were made by temporary enumerators who were employed upon the work of measuring up houses in connection with the overcrowding survey. The inspections are analysed in the following table which also shows the number of defects revealed.

TABLE I.

	Visits Paid.	Defects Found.
House to House visits for purposes of measuring	544	—
Special Housing Act Visits	465	—
Housing Act (Routine Visits) ...	218	2,031
Revisits re Housing Act	1,787	—
Visits to Housing Work in progress	2,091	—
On Complaint	1,547	1,982
Revisits re Notices served	5,156	—
Ashes Accommodation Inspections...	1,985	769
Revisits re Ashes Accommodation ...	1,365	—
Infectious Disease	492	—
Slaughterhouses	1,526	—
Meat and Food Shops	446	—
Meat Regulations	27	—
Private Slaughtering	31	—
Markets Inspected	40	—
Cowsheds	5	—
Dairies and Milkshops	156	—
Ice Cream Vendors	9	—
Bakehouses	35	6
Food Sampling	665	—
Factories	45	3
Workshops	32	—
Outworkers	15	—
Canal Boats	4	—
Pigsties	1	—
Rats and Mice (Destruction) Act ...	154	—
Smoke Observations	20	7
Drains Tested	2	—
Fertilisers and Feeding Stuffs ...	5	—
Offensive Trades	18	—
Fairs	5	—
Stables	1	2
Food Poisoning	11	—
Waste Water Closet Inspections ...	161	—
Miscellaneous	965	—
	20,029	4,800

INSPECTIONS ON COMPLAINT.

A register of complaints is kept at the office in which are entered all complaints lodged either verbally or in writing. The number of such complaints received during the year was 696 as compared with 872 during the previous year. A further 851 complaints reached us in other ways, most of them being made to the Inspectors on the districts. The total number of dwelling houses visited for inspection on complaint was thus 1,547 against 1,900 in the previous year. The investigation of these complaints revealed the existence of 1,982 sanitary defects which are summarised in the following table. Ten cases of defective water fittings were referred to the South Staffordshire Waterworks Co. and one defect relating to offensive smells from a manhole was referred to the Borough Engineer and Surveyor. The rest of the complaints were dealt with by the immediate service of appropriate notices.

DEFECTS REVEALED IN HOUSES VISITED ON COMPLAINT.

TABLE II.

Dirty Premises	311
Roofs, Spoutings and Eaves Gutters Defective ...	279
Yard and W.C. Drains Blocked	90
Yard and Passage Surfaces Defective	33
Defective Sinks and Sink Waste Pipes	27
Accumulations of Offensive Matter	9
Defective Plaster of Walls and Ceilings	288
W.C.'s without Proper Flushing Arrangements ...	29
Ashbins or Ashplaces Defective	19
Water Closets Defective	88
Insufficient Lighting and Ventilation	68
Animals Kept so as to be a Nuisance	3
Water Fittings Defective	20
Insufficient W.C. Accommodation	17
Dampness	177
Dangerous Buildings, etc.	1
Defective or Insufficient Drainage	23
Defective Washboilers	45
Defective External Brickwork and Chimneys	78
Defective Floors	69
Defective Firegrates	91
Defective Stairs and Handrails	19
Defective Rain Water Cisterns	5
Defective Woodwork of Doors, Windows, etc. ...	99
Miscellaneous	94
	1,982

SUMMARY OF DEFECTS.

In the following table appears a summary of the various defects encountered in the course of visits paid to all premises for all purposes including inspection on complaint. In all cases the defects were dealt with by the service of notices under the Housing Acts, the Public Health Acts, the Smethwick Corporation Act, and Bye-Laws, etc.

TABLE III.

	Defects Found.
Dirty Premises	508
Roofs, Spoutings and Eaves Gutters Defective ...	405
Yard and W.C. Drains Blocked	90
Yard and Passage Surfaces Defective	111
Defective Sinks and Sink Waste Pipes	58
Accumulations of Offensive Matter	10
Defective Plaster of Walls and Ceilings	428
W.C.'s without Proper Flushing Arrangements ...	30
Ashbins or Ashplaces Defective	790
Water Closets Defective	93
Waste Water Closets	104
Insufficient Lighting and Ventilation	182
Animals kept so as to be a Nuisance	3
Water Fittings Defective	20
Smoke Nuisances	7
Insufficient W.C. Accommodation	162
Houses without Sinks	51
Dampness	287
Insufficient Water Supply	50
Dangerous Buildings, etc.	1
Defective or Insufficient Drainage	93
Inadequate Foodstore Accommodation	105
Defective Washboilers	70
Defective External Brickwork and Chimneys	241
Defective Floors	199
Defective Firegrates	177
Defective Stairs and Handrails	129
Defective Rain Water Cisterns	13
Defective Woodwork of Doors, Windows, etc. ...	269
Lack of Coalstore	1
Lack of Clothes Washing Accommodation	1
Miscellaneous	216
	4,904

LETTERS AND NOTICES SENT OUT.

TABLE IV.

Letters	871
Preliminary Notices (Public Health Acts)	1,003
Secondary Notices (Public Health Acts)	150
Statutory Notices (Public Health Acts)	255
Statutory Notices (Section 75 of the Public Health Act, 1936, re Ashes Accommodation	141
Statutory Notices (Smethwick Corporation Act, 1929)	160
Statutory Notices (Section 47, Public Health Act, 1936)	64
Statutory Notices (Section 9, Housing Act, 1936) ...	135
Preliminary Notices (Housing Act)	22
	2,801

SHOPS ACT, 1934.

During the year under review, it has not been necessary to take any action relating to ventilation or temperature of shops or defective or inadequate sanitary conveniences. In order to avoid unnecessary duplication of visiting, I have an arrangement with the Shops Act Inspector, who is also Chief Inspector of Weights and Measures, by which any doubtful cases are referred to me for investigation.

SMOKE ABATEMENT.

For an industrial town, Smethwick is comparatively free from serious smoke nuisance, the majority of atmospheric pollution which does take place being from the domestic chimney. During the year, twenty full half-hour observations of factory chimney stacks were taken and seven nuisances recorded. In every case of excessive emission a Statutory letter was sent to the offender and this was followed up by consultation at the factory with the District Inspector. Where a nuisance has been due to faulty stoking, advice has been given and in a number of cases where faulty plant was found to be in use, a remedy has been secured either by the installation of smoke consuming appliances or by the modernising of the furnace plant.

SWIMMING BATHS AND POOLS.

The water in the public swimming baths is chlorinated and at the Smethwick Baths also treated with ammonia and daily tests are taken to ensure that the water is kept at a proper standard of purity.

ERADICATION OF BED BUGS.

(1) The number of houses infested with bed bugs during the year was 32 and each of these houses was disinfested. The houses were divided as follows:—

Council Houses	3
Other Houses	29

(2) The method employed is first to have all wooden mouldings, architraves, wainscottings, etc., removed. For this, the co-operation of the landlord is secured. The rooms and their contents are then sprayed with a proprietary vermicide.

The spraying is repeated after a period of ten or fourteen days, after which all defective plastering is made good, woodwork replaced and the walls and ceilings re-decorated.

(3) When a verminous tenant is to be re-housed on the Municipal Estate, a Sanitary Inspector visits the house and gives complete directions for ensuring that bugs shall not be carried to the new house. The procedure is: Any old straw mattresses or flock beds in bad condition are removed and burned at the destructor, new mattresses bought to replace these being delivered direct to the new house. All other bedding is taken on the day of removal from the old house to the disinfecting station where it is disinfested by means of "dry" heat and then returned to the new house. Bedsteads and other articles of furniture liable to harbour bugs are wiped over with a cloth soaked in paraffin as they are loaded on to the van.

(4) The work of disinfestation is always carried out by the Local Authority in co-operation with the owner and occupier. Contractors have not so far been employed for this work.

PROSECUTIONS.

Housing Act, 1936—Sections 14 and 69.

The owner of a dwelling house in the Borough was summoned at the Law Courts on the 31st May, 1937, for (a) letting a portion of the building, to wit, the front living room, for human habitation whilst a Closing Order was operative thereon and (b) permitting the premises to become overcrowded. The defendant was fined £15 for the first offence and £1 for the second together with £1 costs.

Food and Drugs (Adulteration) Act, 1928—Section 2.

On the 8th April, 1937, a wholesale dairyman trading in an adjoining district was summoned at the Law Courts, Smethwick, in respect of two samples of bottled pasteurised milk, each of which were procured

in course of delivery to retailers in Smethwick. One sample was deficient of 9.41 per cent. of the minimum amount of solids-not-fat and the other sample was deficient of 10.0 per cent. of the minimum amount of fat and 10.59 per cent. of the minimum amount of solids-not-fat. The defendant admitted the analyses and pleaded that a defective flash pasteuriser, which had since been replaced, was responsible for the added water. The Magistrates convicted in both cases and imposed a penalty of £10 with 12s. 6d. special costs on each count. One of the retailers concerned in the above case was summoned in respect of a sample of bottled milk purchased from him which was deficient of 8.24 per cent. of the minimum amount of solids-not-fat. The Magistrates, at the suggestion of the Town Clerk, after hearing the evidence, dismissed the summons against this retailer.

On the 8th April, 1937, a Worcestershire farmer was summoned at the Law Courts, Smethwick, in respect of samples of milk taken from six churns in course of delivery at the premises of a Smethwick dairy. These samples were seriously below standard, the deficiencies being as follows :—

No. of Sample.	Deficiency of Fat.	Deficiency of Solids-not-Fat.
7634	16.67 per cent.	32.94 per cent.
7643	20.00 per cent.	28.24 per cent.
7644	—	20.00 per cent.
7662	20.00 per cent.	24.71 per cent.
7663	3.33 per cent.	9.41 per cent.
7664	—	8.24 per cent.

The Magistrates took a serious view of these offences and fined the defendant £3 on each count, a total of £18.

HOUSING.

STATISTICS FOR THE YEAR 1937.

TABLE V.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	5,316
(b) Number of inspections made for the purpose ...	15,715
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	218
(b) Number of inspections made for the purpose ...	2,005
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	211

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	1,234

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A.—Proceedings under Sections 9, 10 and 16 Housing Act, 1936:—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	163
(2) Number of dwelling houses which were rendered fit after service of formal notice:—	
(a) By owners	177
(b) By Local Authority in default of owners	4

B.—Proceedings under the Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ...	620
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners	760
(b) By Local Authority in default of owners ...	26

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling houses in respect of which Demolition Orders were made	3
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	31
(3) Number of Undertakings accepted to render dwelling houses fit for habitation	—
(4) Number of Undertakings not to use houses for human habitation	1

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	2

†4. HOUSING ACT, 1936. Overcrowding.

(a) (i) Number of dwellings overcrowded* at the end of the year	160
(ii) Number of families dwelling therein	160
(iii) Number of persons dwelling therein	1,310
(b) Number of new cases of overcrowding reported during the year	17*
(c) (i) Number of cases of overcrowding relieved during the year	63
(ii) Number of persons concerned in such cases ...	484
(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	—

† Information under 4 states position at 31st May, 1938, on which date the overcrowded cases were reviewed.

* Of these new cases, 4 are now abated.

Inspection and Supervision of Food.

(a) MILK SUPPLY.

Dairies, Cowsheds and Milkshops.

The number of dairymen on the register at the end of the year was 559 as compared with 553 in the previous year. The number of cowsheds was three.

Examination of Milk for Bacterial Count.

During the year under review 70 samples of all grades of milk, including raw untreated milk were submitted to the University of Birmingham Public Health Laboratory for examination for bacterial count.

Examination of Milk for the Presence of Tubercle Bacilli.

The number of samples of milk subjected to biological examination for the purpose of detecting tubercle bacilli was 123 compared with 160 in the previous year. Seven of these samples gave positive results representing a percentage of 5.07, which is a decrease on the previous year's percentage of 7.50. It is worthy of note that this percentage is the lowest attained since routine examinations of milk for the presence of tubercle bacilli was commenced. The highest percentage on record was 13.00 in 1933.

Milk (Special Designations) Order, 1936.

During the year the following licences under the above Order were in force in the Borough.

TABLE VI.

Principal Licences.

Two licences to bottle Tuberculin Tested Milk.
Two licences to Pasteurise Milk.
One licence to bottle Accredited Milk.

Dealers' Licences.

Six licences to sell Tuberculin Tested Milk.
Five licences to sell Pasteurised Milk.
Three licences to sell Accredited Milk.

Supplementary Licences.

Six licences to sell Tuberculin Tested Milk.
Five licences to sell Pasteurised Milk.
Four licences to sell Accredited Milk.

(b) MEAT AND OTHER FOODS.

The number of private slaughter-houses is 13, 8 of which are licensed and 5 registered. These premises are regularly visited during the hours of slaughter, and all meat killed and dressed for human consumption is subjected to inspection before it is offered for sale. Not only are animals killed in private slaughter-houses inspected, but also home-fed pigs killed on private premises for family consumption. The number of visits paid to slaughter-houses was 1,526 compared with 1,477 for the previous year. Meat and Foods Shops received 446 visits against 422 last year and markets 40 visits. The following table gives a summary of the animals and carcases examined during the year :—

TABLE VII.

NUMBER AND CLASSIFICATION OF ANIMALS AND CARCASES EXAMINED.

	Before slaughter.	During slaughter.	After slaughter.	TOTAL.
Oxen	241	56	666	963
Cows	75	45	354	474
Calves	2	12	80	94
Sheep	330	173	1,045	1,548
Pigs	270	374	2,645	3,289
Pigs (on private premises)	—	4	44	48
	918	664	4,834	6,416

TABLE VIII.

CARCASES INSPECTED AND CONDEMNED.

	Cattle, excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number Killed	722	399	92	1,218	3,067
Number Inspected	722	399	92	1,218	3,067
ALL DISEASES EXCEPT TUBERCULOSIS.					
Whole Carcases condemned	—	—	—	—	2
Carcases of which some part or Organ was condemned	57	6	—	4	67
Percentage of number inspected affected with disease other than Tuberculosis	7.89	1.5	—	0.32	2.25
TUBERCULOSIS ONLY.					
Whole Carcases condemned	—	1	—	—	2
Carcases of which some part or organ was condemned	29	19	—	—	241
Percentage of the number inspected affected with Tuberculosis	4.01	5.01	—	—	7.92

The articles of food which it has been found necessary to condemn are summarised in the following table. The total weight of condemned material was 7,807 lbs. as compared with 2,928 lbs. for the year 1936.

TABLE IX.

LIST OF ANIMALS AND ARTICLES OF FOOD WHICH WERE FOUND TO BE DISEASED OR UNSOUND AND WERE EITHER SEIZED OR SURRENDERED AND DESTROYED.

	lbs.
Seventeen Beasts' Heads—Tuberculosis	289
One Beast's Head and Mesentery—Tuberculosis ...	30
One Beast's Head and Organs—Tuberculosis	75
Twenty Beasts' Lungs—Tuberculosis	207
Two Beasts' Lungs and Livers—Tuberculosis	49
Four Beasts' Livers—Tuberculosis	62
One Beast's Liver, Head, Mesentery and Intestines—Tuberculosis	25
One Beast's Liver, Mesentery and Intestines—Tuberculosis	15
One Beast's Carcase and Organs—Tuberculosis ...	706
Three Beasts' Lungs—Echinococcus Veterinorum ...	30
Three Beasts' Lungs—Abscesses	43
Six Beasts' Livers—Abscesses	81
One Beast's Stomach—Abscesses	25
One Beast's Liver and Stomach—Abscesses	34
One Beast's Liver—Distoma Hepatica and Abscesses...	15
Three Beasts' Livers—Distoma Hepatica	38
Six Portions of Beasts' Liver—Distoma Hepatica ...	32
One Beast's Liver—Distoma Hepatica, Cirrhosis, Abscesses, and Hydatid Cysts	12
Seven Beasts' Livers—Cirrhosis	79
Fifteen Beasts' Lungs—Hydatid Cysts	172
Four Beasts' Livers—Hydatid Cysts	53
One Beast's Liver—Angioma	12
Portion of Beast's Liver—Inflammation	7
Beef Trimmings—Inflammation	3
One Beast's Tripe—Inflammation	30
Two Beasts' Lungs—Inflammation	20
One Beast's Lungs—Pleurisy	12
One Beast's Liver—Fatty Degeneration	4
Two Beasts' Livers—Bacterial Necrosis	29
Brisket of Beef—Fatty Necrosis	26
One Beast's Kidney—Nephritis	1
Four Sheeps' Livers—Cysts	-
One hundred and eighty-nine Pigs' Heads—Tuberculosis	2,413
One Pig's Head, Fry, Mesentery and Trimmings—Tuberculosis	30
Two Pigs' Heads and Frys—Tuberculosis	40
Five Pigs' Heads, Frys and Necks—Tuberculosis ...	75
Twenty-five Pigs' Frys—Tuberculosis	192

	lb.
Two Pigs' Collars—Tuberculosis	20
Eight Pigs' Bellies and Mesenteries—Tuberculosis ...	92
One Pig's Neck and Loins—Tuberculosis	70
Portion of Pig's Flank—Tuberculosis	4
Two Pigs' Frys, Bellies and Mesenteries—Tuberculosis	40
Three Pigs' Necks—Tuberculosis	40½
Pigs' Necks and Shoulders—Tuberculosis	76
Two Pigs' Carcases and all Organs—Tuberculosis ...	270
Pigs' Neck and Trimmings—Tuberculosis	3
One Pig's Head—Tumour	14
Fourteen Pigs' Lungs—Congestion	19
One Pig's Liver—Congestion	3
Twenty-two Pigs' Lungs—Bronchitis	43
Six Pigs' Frys—Inflammation	47
One Pig's Fry—Cirrhosis and Inflammation	10
Seven Pigs' Lungs—Inflammation	21
One Pig's Liver—Inflammation	3
Five Pigs' Livers—Cirrhosis	21
Two Pigs' Livers—Cysticercus Tenuicolis	10
Two Pigs' Livers—Cystic	4
Four Pigs' Kidneys—Renal Cysts	3½
Fat Oddments—Cystic Contamination	3
One Pig's Carcase and all Organs—Fevered	125
One Pig's Carcase and all Organs—Swine Erysipelas	127
Sixty-two packets Sweets—Unsound	2
Twenty-two tins Canned Fruits—Unsound	24
Sweets—Unsound	2
Nine Barrels of Cherries—Unsound	1,736
	7,807

(c) ADULTERATION, ETC.

Food and Drugs (Adulteration) Act, 1928.

The number of samples of foods and drugs purchased or procured for analysis during the year was 315 as compared with 328 in 1936.

All these samples were submitted to the Public Analyst, and the number reported to be not genuine was 20, the percentage of adulteration being 6.35. The percentage of adulteration last year was 6.17. In the following table the number of the various articles of food analysed together with the results of the analyses are summarised.

TABLE X.

SUMMARY OF ARTICLES OF FOOD AND DRUGS SUBMITTED TO THE PUBLIC ANALYST, AND THE RESULTS OF THE ANALYSES.

Article Analysed.	Total Samples.	Genuine.	Not Genuine.
Milk	257	237	20
Cream	1	1	—
Condensed Milk	4	4	—
Tinned Cream	1	1	—
Butter	3	3	—
Dripping	3	3	—
Margarine	3	3	—
Salt	4	4	—
Sugar	6	6	—
Cocoa	1	1	—
Tea	2	2	—
Cake Mixture	2	2	—
Yorkshire Pudding Mixture	1	1	—
Custard Powder	1	1	—
Flour	2	2	—
Nutmeg	2	2	—
Mustard	2	2	—
Mixed Spice	1	1	—
Fruit Sauce	1	1	—
Essence of Lemon	1	1	—
Cake	2	2	—
Plum Jam	1	1	—
Soup	2	2	—
Gravy	1	1	—
Peas	2	2	—
Kipper Fillets	1	1	—
Tinned Salmon	1	1	—
Bloater Paste	1	1	—
Dressed Crab	1	1	—
Baked Beans in Tomato Sauce	1	1	—
Cheese and Celery Spread...	1	1	—
Cheese and Tomato Spread	1	1	—
Sausage	2	2	—
	315	295	20

PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS.

The following articles submitted to the Public Analyst were also examined for the presence of preservatives. In no case was any preservative or thickening substance detected.

Article Examined.	Total Samples.
Milk	257
Cream	1
Condensed Milk	4
Tinned Cream	1
Butter	3
Dripping	3
Margarine	3
Cake Mixture	2
Yorkshire Pudding Mixture	1
Custard Powder	1
Fruit Sauce	1
Essence of Lemon	1
Cake	2
Plum Jam	1
Peas	2
Kipper Fillets	1
Tinned Salmon	1
Bloater Paste	1
Dressed Crab	1
Baked Beans in Tomato Sauce	1
Cheese and Celery Spread	1
Cheese and Tomato Spread	1
Sausage	2

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The Borough Analyst, Mr. Joseph Lones, F.I.C., F.C.S., of 41, Vicarage Road, Smethwick, carries out chemical analyses of food, drugs, water, air, etc.

Bacteriological examinations of food, including examinations of milk for methylene blue reduction test, bacterial count, and the presence of B.Coli as well as the biological examination of milk for the presence of Tubercle Bacilli are undertaken by Dr. Shrewsbury, at the Birmingham University, Public Health Laboratory, Great Charles Street, Birmingham.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year I submitted 12 samples of fertilisers and feeding stuffs to Mr. Joseph Lones, F.I.C., F.C.S., the Borough Agricultural Analyst. One sample of fertiliser was found to be slightly below the standard.

FACTORIES AND WORKSHOPS.

The number of visits paid to factories and workshops was 112 compared with 145 in the previous year. There were 15 visits paid to outworkers' premises. Three Notices were received from H.M. Inspector of Factories drawing attention to Sanitary Defects.

1.—INSPECTIONS OF FACTORIES, WORKSHOPS & WORKPLACES.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

	Number of		
	Inspections. (1)	Written Notices. (2)	Prosecutions (3)
FACTORIES ... ... (Including Factory Laundries)	45	1	—
WORKSHOPS ... ... (Including Workshop Laundries)	79	—	—
WORKPLACES ... ... (Other than Outworkers' premises)	—	—	—
TOTAL	112	1	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecutions (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts :—				
Want of cleanliness	6	6	—	—
Want of ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	—	—	—	—
Sanitary accommodation — insufficient ...	—	—	—	—
Sanitary accommodation — unsuitable or defective	2	2	—	—
Sanitary accommodation — not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouses (s. 101)	—	—	—	—
Other offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Act, 1921.)	—	—	—	—
TOTAL	9	9	—	—

Causes of Death at Different Periods of Life in the County Borough of Smethwick

1937.

CAUSES OF DEATH	Sex.	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	490	31	4	4	8	15	22	31	65	88	112	107
	F	441	28	7	8	9	16	17	19	43	93	93	98
1 Typhoid and paratyphoid fevers	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	M	2	1	...	1	...	...	...	...	...	...	...	...
	F	3	1	...	2	...	...	...	...	...	...	...	...
3 Scarlet fever	M	1	...	...	...	1	...	...	...	...	...	...	...
	F	1	...	...	1	...	...	...	...	...	...	...	...
4 Whooping cough	M	1	1	...	...	...	...	...	...	...	...	...	...
	F	3	1	1	1	...	...	...	...	...	...	...	...
5 Diphtheria	M	4	...	...	1	2	1	...	...	...	...	...	...
	F	4	...	...	2	2	...	...	...	...	...	...	...
6 Influenza	M	21	...	...	...	1	3	1	...	4	6	3	3
	F	17	...	...	...	2	...	...	1	3	3	2	6
7 Encephalitis lethargica	M	1	...	...	...	...	...	...	1	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
8 Cerebro-spinal fever	M	1	...	...	...	...	...	...	...	1	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
9 Tuberculosis of respiratory system	M	30	...	...	...	...	1	8	9	7	3	1	1
	F	27	...	...	...	1	11	5	1	2	6	...	1
10 Other tuberculous diseases	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	...	...	...	1	...	...	1	...	...
11 Syphilis	M	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
12 General paralysis of the insane, tabes dorsalis	M	4	...	...	...	...	...	...	2	1	...	...	1
	F	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer, malignant disease	M	51	...	...	...	...	1	1	2	9	18	13	7
	F	58	...	...	...	1	...	1	4	9	18	14	11
14 Diabetes	M	5	...	...	...	...	...	...	...	...	2	3	...
	F	10	...	...	...	...	...	...	...	...	3	5	2
15 Cerebral hæmorrhage, etc.	M	22	...	...	...	...	...	...	...	1	5	8	8
	F	25	...	...	...	...	...	...	...	3	10	7	5
16 Heart disease	M	114	...	...	...	...	1	5	2	17	16	43	30
	F	99	...	...	...	...	1	2	5	11	16	28	36
17 Aneurysm	M	2	...	...	...	...	...	1	...	...	1	...	...
	F	1	...	...	...	...	1	...	...	...	...	...	...
18 Other circulatory diseases	M	24	...	...	...	...	...	...	...	...	8	7	9
	F	23	...	...	...	...	...	1	...	...	6	6	10
19 Bronchitis	M	29	2	...	...	...	...	...	...	3	4	4	16
	F	14	...	...	...	...	...	...	...	1	2	7	4
20 Pneumonia (all forms)	M	49	5	2	1	1	1	2	6	7	13	8	3
	F	29	6	4	1	...	...	1	4	4	3	5	1
21 Other respiratory diseases	M	4	...	...	...	...	...	...	...	...	...	1	3
	F	7	...	...	...	...	...	...	...	...	5	1	1
22 Peptic ulcer	M	6	1	...	...	...	...	...	1	1	1	1	1
	F	1	...	...	...	...	...	...	...	...	1	...	...
23 Diarrhœa, etc.	M	3	...	1	...	...	...	...	1	1	...	...	...
	F	3	2	...	...	...	...	...	...	...	1	...	...
24 Appendicitis	M	1	...	...	...	...	...	...	1	...	...	...	...
	F	1	...	...	...	...	...	...	...	...	1	...	...
25 Cirrhosis of liver	M	1	...	...	...	...	...	...	...	...	...	1	...
	F	...	...	...	...	...	...	...	...	...	...	...	...
26 Other diseases of liver, etc.	M	2	...	...	...	...	...	...	...	...	...	1	1
	F	1	...	...	...	...	...	...	...	...	1	...	...
27 Other digestive diseases	M	3	...	...	...	...	1	...	...	1	...	...	1
	F	9	...	...	...	1	...	2	...	1	...	3	2
28 Acute and chronic nephritis	M	11	...	...	...	...	...	...	1	3	2	5	...
	F	12	...	...	...	...	...	...	...	4	6	2	...
29 Puerperal sepsis	F	...	...	...	...	...	...	...	...	...	...	...	...
30 Other puerperal causes	F	3	...	...	...	...	1	2	...	...	...	...	...
31 Congenital debility, premature birth, malformations, etc.	M	15	15	...	...	...	...	...	...	...	...	...	...
	F	14	13	1	...	...	...	...	...	...	...	...	...
32 Senility	M	18	...	...	...	...	...	...	...	...	...	3	15
	F	29	...	...	...	...	...	...	...	...	...	7	22
33 Suicide	M	10	...	...	...	...	...	1	3	1	2	2	1
	F	4	...	...	...	...	...	1	...	1	2	...	...
34 Other violence	M	17	2	1	...	3	4	...	1	3	2	1	...
	F	7	1	...	...	1	...	...	...	1	1	...	3
35 Other defined diseases	M	37	7	...	1	...	2	3	1	5	5	6	7
	F	33	4	1	1	1	2	1	4	3	7	6	3
36 Causes ill-defined, or unknown	M	1	...	...	...	...	...	...	...	...	...	1	...
	F	1	...	...	...	...	...	...	...	...	...	...	1